

Oral Hygiene

MARCH 1954



Meeting of California Dent Annual Fourgraduate Club to be held
March 14 to 17 at the Mayham Hotel, Washington, D. C.

In this issue:

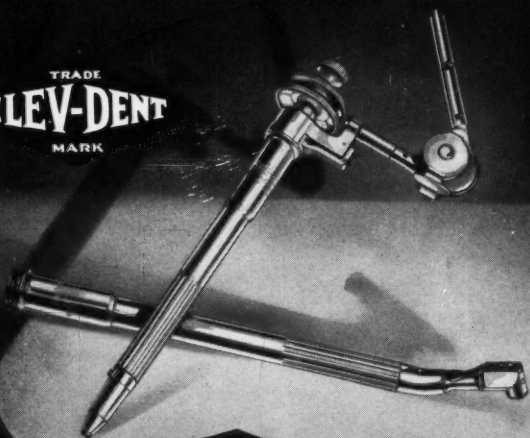
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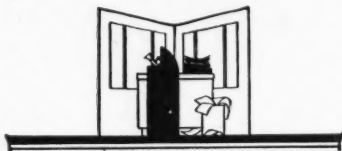
THE PLASTIC TEETH WITH THE 10 ADVANTAGES.

OR... 500 WEST COLLEGE AVENUE... YORK, PA.

The Publisher's CORNER

By Mass

No. 392



Farewell to *Items*

LAST MONTH (as this is written in January) the oldest dental magazine in the world appeared for the last time. *Dental Items of Interest* had rounded out exactly seventy-five years of continuous publication. In July, ORAL HYGIENE had saluted *Items* and its editor (and our friend) Doctor Paul H. Belding upon *Items'* approaching diamond jubilee. Paul never had an opportunity to read the tribute to his magazine and to himself. He died suddenly in June.

That unexpected and tragic event prompted *Items'* owners to decide to suspend publication. As one of them, Doctor Hillard Nevin, said: "We decided that it would be easier than to find and train a new editor."

Hillard had been proud of *Items* and its achievements during its three-quarters of a century in which, he recalled, "*Items* saw the dental profession grow up, and most of the original developments—the x-ray, Taggart's cast-gold inlay, local anesthesia, and the dental assistant—first came to professional attention through its pages." A great deal had happened since the now

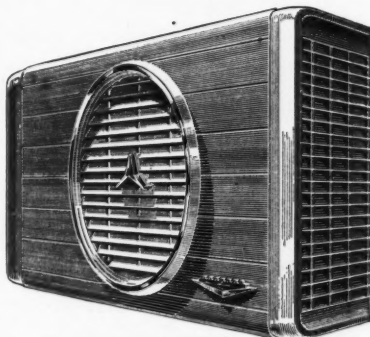
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quaint looking first issue came off the press in 1878. Last October, *Items* published a special number in which Paul Belding's handiwork was evident in page after page—pages Paul would never see. Hillard Nevin contributed a fine piece, "The Three Editors," which told of the now almost forgotten first one, Doctor Thomas B. Welch, who later founded the Welch Grape Juice Company. Distinguished Doctor Rodrigues Ottolengui, the second editor, was the subject of an excerpt from a 1936 tribute by Doctor J. R. Schwartz. And Paul Belding's fine character and courage and enterprise and vision were remembered in the final pages of Hillard's article.

Paul's sixteen years as editor of *Dental Items of Interest* had been happy years. He was young enough, not quite 57 when he died, to have the energy for vigorous effort. And he loved *Items* as a journal which during its long, long history "had dared to be different," as Hillard Nevin put it.

When ORAL HYGIENE saluted *Items* and its editor last July, it said: "Doctor Belding has a well-established reputation as a dentist, author, research worker, and amateur athlete. Because of his exceptional knowledge of the history of this country, his approach to dental editing was different. From the beginning, he stressed the fact that professional people have an obligation to citizens of the country "which even transcends the duties of their vocation."

(Dental Items of Interest Publishing Company will continue to publish books, and to supply the many available back numbers of the magazine.)

CORRECTION

Through ORAL HYGIENE's oversight, the Amm-i-dent advertisement, which appeared on pages 98 and 99 of the January issue, was not designated as an advertisement.

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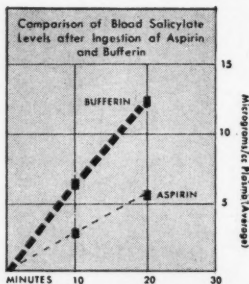


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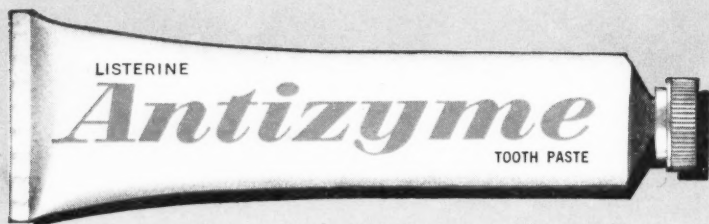
Here's where you see results! And here is where the craftsmanship of Durallium laboratory technicians, plus the extreme accuracy of the Durallium process, pay big dividends—comfort . . . masticating efficiency . . . kindness to abutments . . . long, satisfying service. Specify the *new* Durallium 54 restoration for your next several partial denture patients. Inspect them in actual mouth service. You'll see a difference.

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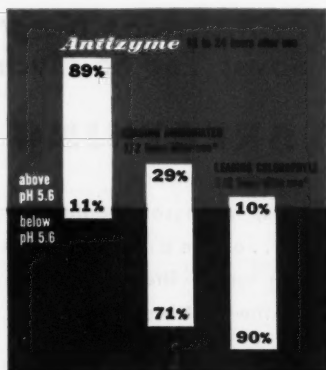


part time [$\frac{1}{2}$ hour] protection
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[regular, ammoniated or chlorophyll]

All day protection from the cariogenic pH zone (pH 5.5 and below) with Listerine Antizyme Tooth Paste

In 89% of caries-susceptible persons tested, Antizyme, with routine brushing, maintained a continuous plaque pH of 5.6 and above. *No dentifrice before this ever provided such extended caries protection.*

COMPARISON OF PLAQUE pH TESTED AFTER USE OF DENTIFRICE



**Studies of users of regular dentifrices indicate no lasting pH control after use.*

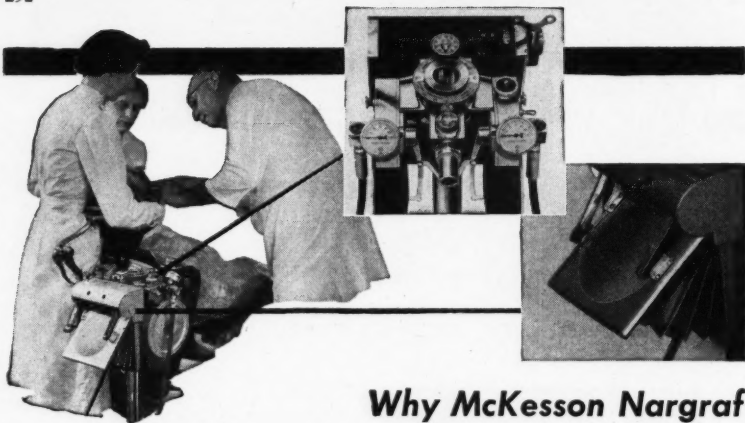
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*A New Approach to the Problem of Dental Caries Control: J. Dent. Research (Aug.) 1953.

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FRACTIONAL REBREATHING

When your anesthetized patient exhales, McKesson Dental Nargraf "catches" a large fraction . . . or portion . . . of it in a rubber bellows . . . The rest goes out through the exhaling valve. Then it "feeds" this fraction, together with unused gas, with the next breath.

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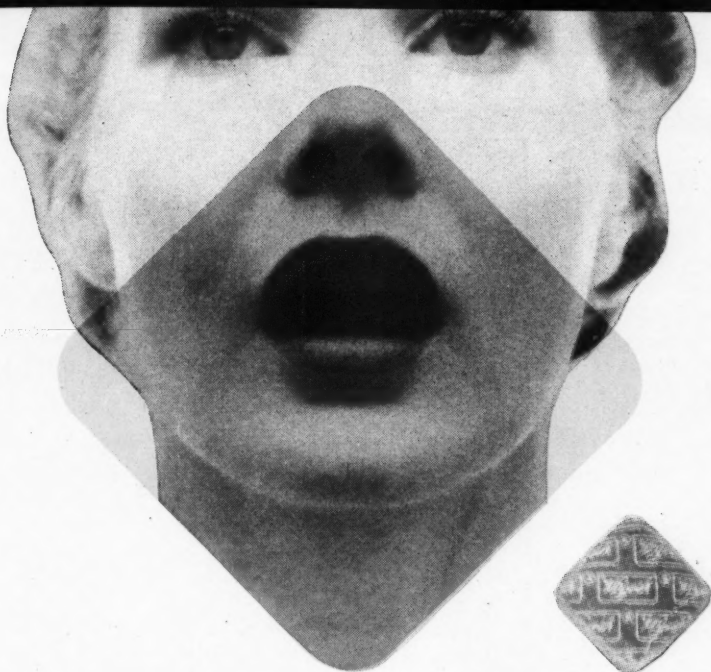
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Vincent's infection manifested as tonsillitis, stomatitis or gingivitis	

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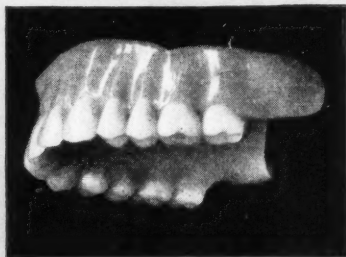
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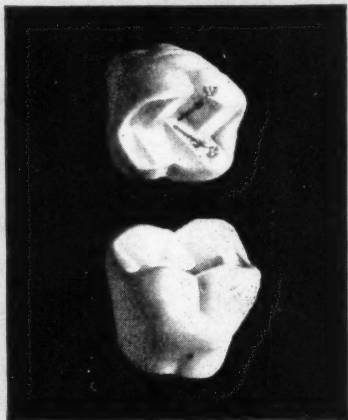
Supplied: Cans of 48 troches

*Trademark of related company

ANNOUNCING



Beautiful anatomical carvings



Upper and lower right first molars. Arrow W shows direction of guided movement to working position. Arrow B shows direction of guided movement to balancing position.

Smoothly guided lateral motion eliminates tripping

GREATEST WEAR RESISTANCE

The wear-resistance of Dura-Blend plastic teeth has been proven superior to all others by world-wide clinical use plus careful testing on wear-test machines.

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Synchronized ANATOMICAL POSTERIOR

▶ A plastic anatomical posterior with synchronized occlusal forms that give you easy articulation (they practically fall together) and lateral motion without tripping.

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No tripping in lateral excursion

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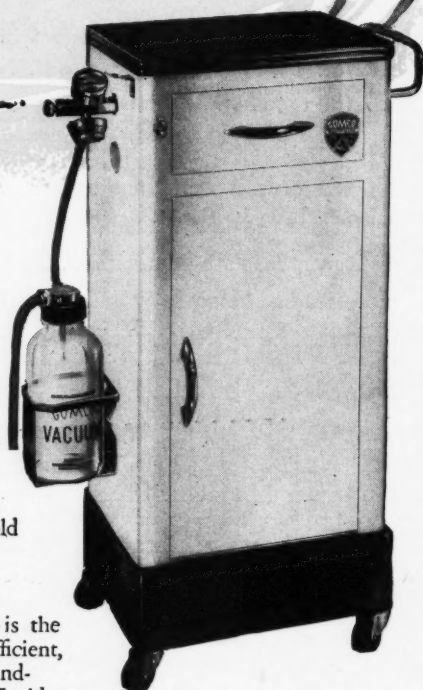
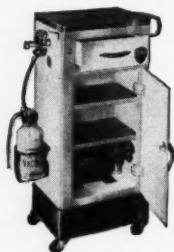
LEADERS OF PROGRESS IN PLASTIC AND PORCELAIN TEETH

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A GREAT NEW

GOMCO® Aspirator

GOMCO No. 796 CABINET ASPIRATOR



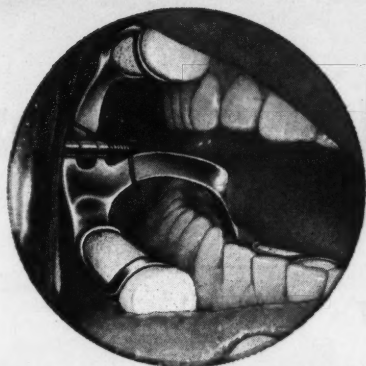
Gomco is proud to introduce this new addition to a fine old family. Here, for the practitioner who demands the last word in convenience, quality and beauty in an aspirator—is the new Gomco No. 796. That efficient, whisper-quiet Gomco motor-and-pump unit is fully enclosed. Inside

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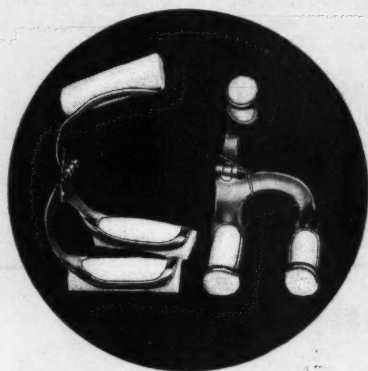


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Self Adjusting

COTTON ROLL HOLDER

for
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These holders are made of stainless steel in pairs for the right and left sides.

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- Aids in operative procedures
- Aids in Sodium-Fluoride Therapy
- Easily inserted and removed

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TRUE DENTALLOY 10-1A PACKAGE

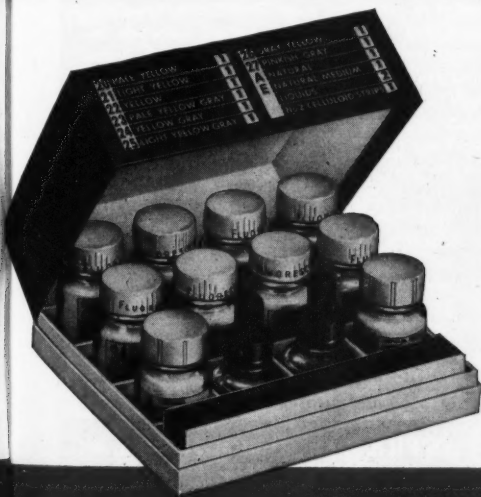
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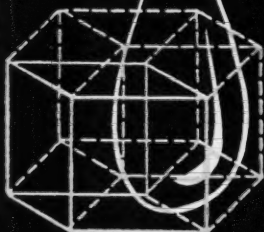
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*4th
dimensional*

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(Brand of lidocaine hydrochloride*)

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F. Bragdon, C.: A Primer of Higher Space, New York, Alfred A. Knopf, 1923, Page 1.

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POTENT
WELL-TOLERATED
HIGHLY-STABLE**



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* "It was his opinion (the Dean of the Dental College at Stockholm) that this rapidity of onset saved each dentist who saw between 12 and 40 patients per day, one hour of waiting time" . . .

Hingson, R.A., N.Y. J. Dent., 30:370 (Oct.) 1950.

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OINTMENT

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two*



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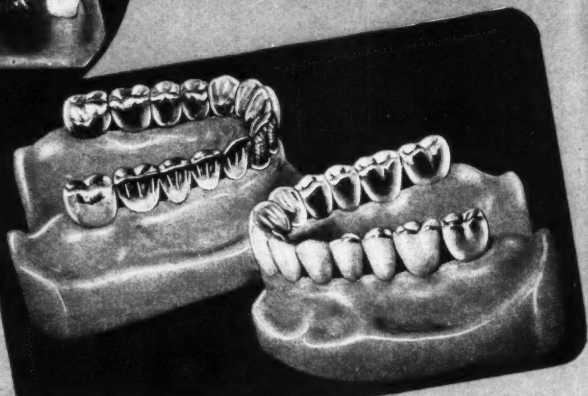
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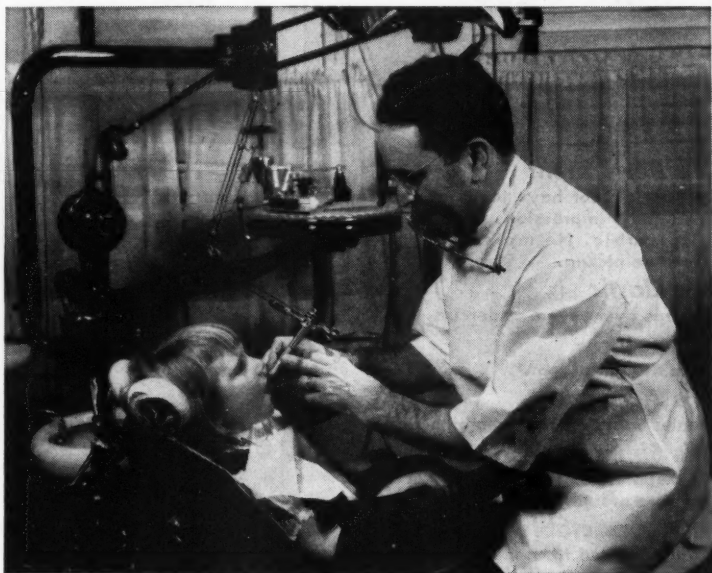
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Picture of the Month



DOCTOR Hans E. Weise, 45 North Broad Street, Ridgewood, New Jersey, finds that his young patients relax in the dental chair if he entertains them with harmonica music. The dentist, as pictured here, holds the harmonica in a simple appliance so that it does not interfere with his operation. "Music can be played according to a child's mood and temperament. The results are surprising, for instead of anticipating pain, the young patient looks forward to the music with delight," Doctor Weise explained.—*Photograph by Haviland, Ho-Ho-Kus, New Jersey.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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Avoiding Frustrations in Dental Practice

BY ROBERT NEMOFF, D.D.S., M.A.*

MANY DENTISTS find satisfaction in charting their progress in terms of office management forms, using red, green, and blue ink. In the midst of life's uncertainties, these systems seem to give us a sense of direction and a measure of control over our environments. It is easy to let these forms and procedures dominate us instead of the reverse. Many dentists feel a compulsion to utilize every working minute. Even when the office is closed, these practitioners have become attuned to such a rapid pace that it is difficult for them to relax. It is prefer-

Some dentists regard financial success as compensation for failure in the art of living.

able to combine relaxation, recreation and work, rather than partitioning these activities into separate areas.

This partitioning has its counterpart in the variety of distinct, often contradictory, roles that our culture imposes upon our living. On different occasions we are the hard-driving businessman, the after-hour hobbyist, the cool, detached clinician, the loving husband, or the "life of the party." We tend to perform these roles more in response to what we conceive as the "proper time and place" rather than as an expression of our needs.

*Staff Psychologist, Ohio State Penitentiary, Columbus, Ohio.

The latter needs—to express affection, adolescent enthusiasm, relate an anecdote—are overwhelmed by the need to be accepted by our peers, to avoid at all costs appearing “eccentric.”

Erich Fromm comments:

“Today we come across a person and find that he acts and feels like an automaton; that he never experiences anything which is really his; that he experiences himself entirely as the person he thinks he is supposed to be; that smiles have replaced laughter, meaningless chatter replaced communicative speech; dulled despair has taken the place of genuine pain.”¹

Express Feelings

Perhaps from this perspective it is better to “mix business with pleasure,” to spend our chair-time in congenial conversation occasionally, to offer and receive emotional support without embarrassment in response to the needs of the dentist-patient relationship. This does not mean that every time the dentist feels an emotion such as hostility toward the patient, he should feel free to express it. It does mean that no universal rule of conduct can be maintained for any situation. Occasionally, it may be less damaging to the patient for the practitioner to express irritation openly than to react with rigid con-

trol and over-politeness, because the dentist may subsequently express his hostility in more subtle damaging ways or, perhaps still worse, save it for his wife and family. It is a reciprocal relationship. If the dentist is able to accept and understand his own emotions, he will be in a better position to accept his patient's emotions. Frequently when the patient expresses hostility in such a remark as “I hate dentists,” the practitioner responds with either a biting remark or overassurance. The patient may transfer his frustrations of daily living to the dental situation, and his expression of hostility may have a cathartic effect. If the dentist chastises the patient, guilt feelings are reinforced and if anything the patient's hostility is increased.

Thus an occasional hour with fifteen minutes spent on an amalgam restoration and the remainder on conversation may or may not be an efficient procedure, depending on whether one views the problem from the point of view of mental hygiene or office management. Naturally we all have financial obligations and one extreme is as detrimental as the other. But to relieve the accumulated tensions of a high pressure practice with an enforced vacation may be more costly even in terms of dollars than taking an occasional “vacation at the chair.”

Customarily, the dentist or physician is conceived as fulfilling a father-figure or authority role, but

¹Fromm, Erich: *Individual and Social Origin of Neurosis, in Personality; in Nature, Society, and Cultures*, Edited by Clyde Kluckhohn, Henry Murray, and David Schnieder, Chapter VII.

we overlook the occasions when the relationship is reversed. Many patients enjoy offering the dentist encouragement when the going is rough. If we charge purely on the hourly wage system, then these patients have an ethical right to submit us a bill for their psychological services. How many times has the encouragement and devotion of a loyal patient meant more to us than the down payment on a full denture case?

We drive at a hard pace for goals that may never materialize such as a trip to Florida or a larger house. Even the achievement of these goals is often anticlimactic and less rewarding than the anticipation and struggle to reach the goal. I believe that two types of goals are emotionally satisfying. A series of attainable goals such as the successful completion of a difficult prosthetic case or the acquisition of a new piece of equipment certainly gives a sense of accomplishment. On the other hand, certain long-range goals that reorganize our interests and energies are invaluable even if we never achieve them. Thus, we may abandon our goal of becoming expert clinical photographers after an initial burst of enthusiasm, but in the interim we have become more aware of our environment, more responsive to textures and nuances, which were formerly ignored.

This revealing of hidden dimensions of perception remains with us long after we forget the proper

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

THIS ARTICLE by ROBERT NEMOFF, D.D.S., M.A. has won the \$100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★

lens opening to photograph a periodontia case. We rediscover as it were the wonderful variety of stimuli in the world around us and feel an emotion akin to the infant who first uses his vision.

However, the drive for financial security renders us oblivious to these pleasures, which are inherent in a dental practice. In professional meetings, one constantly compares his income with that of his colleagues. Under these circumstances, financial success becomes an end in itself, a way of convincing ourselves that we are successful and worthwhile persons. One envies the self-assurance and poise of the dentist who boasts of three chairs and a corps of starched assistants. Meanwhile, this successful dentist probably envies the fellow next door who has just installed his fourth chair. Often, emphasis on material goals is compensation for failures in the art of living.

Some dentists complain that their wives' expensive habits force them to work at a hard pace. Their
(Continued on page 346)

Ports of Call

His Hobby!

BY MARILYN R. GIESE

Rhode Island dentist combines pleasureful avocation with his profession.

IN THIS modern era of jet planes, high-powered automobiles, and streamlined locomotives, the stress in traveling appears to be on speed. But Doctor Lloyd England, Providence, Rhode Island, oral surgeon, has been contradicting the trend by sailing to work.

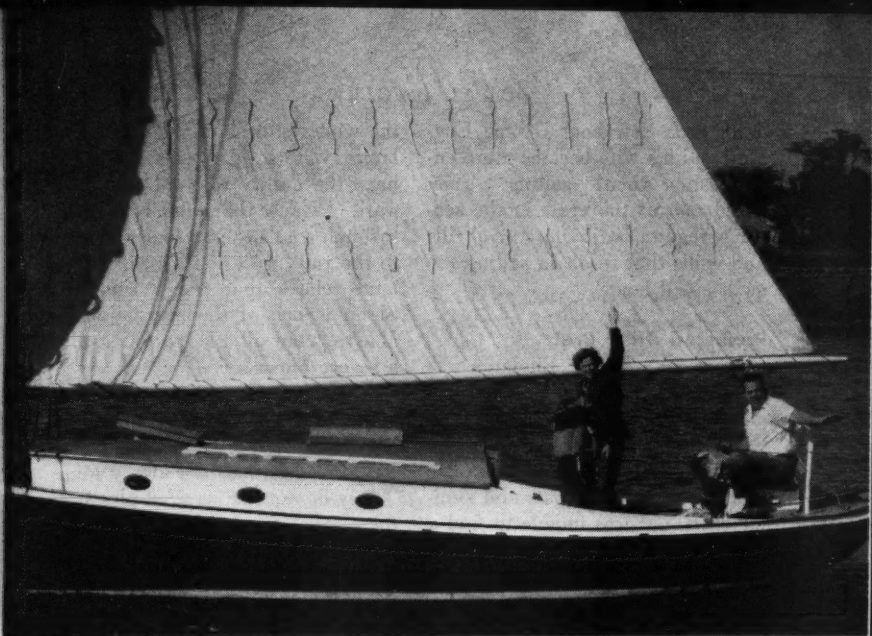
This business-pleasure-typecruising originated in July of 1952 when Doctor England acquired his present boat, *Cutty Sark*, a 35-foot Friendship Sloop. He sailed the old-time vessel to Providence where he commissioned a boat builder to put her in first-class condition.

Doctor England's practice often takes him to Newport Hospital in Rhode Island, which is on the extreme lower end of the Narragansett Bay. With his newly acquired sloop he has the opportunity so many of us desire—mixing business with pleasure. During summer months he sets out from his Providence office and sails with his family thirty miles down the bay to Newport Tuesday nights, performs operations the following Wednesday morning, and spends the remaining part of the day sailing back to Providence. On the return trip he stops along the shore at one of our many beaches, digs for clams at one of the bay islands, or trolls for fish.

After securing his Army commission, Doctor England served in this country for two years, and then in England, France, and Belgium for the next three years as dental officer with an anti-aircraft gun battalion.

He said that during his stay in France as captain in the Dental Corps he first became interested in sailing and sailboats. "I was stationed near a small French village in Normandy where, because of the gasoline shortage, the fishermen relied almost entirely on sail. Their boats were rugged, deep-hulled craft with a tremendous sail area and a sailing rig, which is seldom seen on this side of the ocean."

In Normandy Doctor England met a French physician, a leader



Doctor Lloyd England is pictured above as he sails for Newport Hospital with his wife and children in the Cutty Sark, their Friendship Sloop. When the weather permits, Doctor England is able to sail once a week from Providence to Newport and back, thus combining pleasure with his professional duties.

of the French underground organization, who was also a sailing enthusiast. He had owned a 45-foot sloop before World War II, but it had been confiscated by Nazi Naval officers, who eventually ran her on the rocks during a wild night sailing party. The French physician and Doctor England started to build an 18-foot sailboat and had almost completed it when his outfit moved to Antwerp, Belgium. There in the heat of battle the thought of sailing became rather obsolete. (His gun battalion won the distinction of shooting

down more buzz-bombs than any other similar outfit, and it received recognition and citations from the Belgian and French governments.)

After his separation from the Army, Doctor England interned in oral surgery under Doctor Stephen P. Mallet at the Boston City Hospital. He bought a 16-foot sailboat and during his spare time and on holidays, he and his wife sailed in Quincy Bay and Boston Harbor. He owned four different sailboats during the following years, each one a little larger than its predecessor.

With each new boat Doctor England and his wife became more enthusiastic about sailing. They raced one of the craft in the season's regatta, enjoying the thrills and spills that result in sailing the swift small boats.

Preferred Older Craft

However, Doctor England was interested in the older designs with gaff-rig and beamy hulls, which were more comfortable to sail than the newer, more modern boats. He looked at many catboats and similar craft, but was unable to find a boat reminiscent of the old French craft that had impressed him, until one day while vacationing on Martha's Vineyard he heard about and eventually bought his present Friendship Sloop.

The *Cutty Sark*, as she is called, was built by Wilbur R. Morse of the town of Friendship, Maine. This type craft is no longer built, but many of the old timers like the *Cutty Sark* are so popular because of their sailing qualities and sturdiness, that they have been rebuilt time after time as pleasure yachts. Originally they were used as fishing boats and had to be strong and seaworthy to withstand

the winter storms of the north Atlantic waters. They also had to have the ability to "sail to windward" because they often beat back through a gale to port loaded down to the rails with fish. Doctor England relates that the Friendship Sloop is one of the few sailboats able to "claw off a lee shore during a severe blow."

Many of the dentist's friends who own motor cruisers speed by him as he leisurely sails down the bay, but that does not annoy him. "They do not realize what pleasure they are missing," he claims. "They may reach their destination quickly, but they will never know the peace and relaxation of sailing along without the constant throb of engines and the smell of exhaust fumes."

Whether the worries and cares of his busy oral surgery practice are left on the dock or temporarily taken along down to Newport, Doctor England has brought back into our worldly whirl of rush and hurry one of the most ancient means of transportation and is enjoying it immensely.

26 Francis Street
Brookline Massachusetts

THE COVER

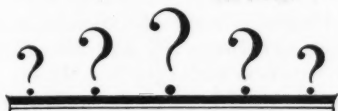
PICTURED on this month's cover are two of the most famous landmarks in the Nation's capital, Jefferson Memorial and Washington Monument. The District of Columbia's 22nd Annual Postgraduate Clinic will be held in Washington March 14 to 17 at the Shoreham Hotel. Chairman is Doctor Louis Dubit. Information about the clinic can be obtained from Doctor Z. B. Lloyd, Secretary, 2007 R Street, N.W., Washington, D.C.

So You Know

Something

About

DENTISTRY!



CXIV

1. In a patient with leukoplakia what are the four "s's" which should be considered?
2. Which of the following compose the periodontium? (a) gingiva, (b) cementum, (c) periodontal membrane, (d) alveolar bone.
3. True or false? Deeply impacted cuspids showing no evidence of infection and causing no subjective symptoms are best let alone and kept under roentgenographic examination.
4. About (a) 38, (b) 65, (c) 90, per cent of fractures of the mandible occur in males.
5. What forms the border between the clinical crown and the root of the tooth?
6. Does the silicone fluid remain stable after considerable use?
7. The rest position prevails in the (a) dentulous, (b) edentulous mouth.
8. True or false? In cementing porcelain jacket crowns, oxyphosphate cement is preferable to silicate cements.
9. Will a partly crystallized amalgam liberally give up mercury excess?
10. Pain from the maxillary second and third molars is usually referred to the (a) temporal area, (b) area surrounding the lower and outer border of the orbit, (c) area above and below the temporomandibular joint.

FOR CORRECT ANSWERS SEE PAGE 337

FLUORIDATION

and Freedom of Speech

BY JOHN E. WATERS, D.D.S.

NaF



IN THE United States it is generally considered that there should be little limitation to freedom of speech. But Archie M. Closson, former Commander of the Department of California, American Legion, placed a limitation on it that should be recorded in history when he said, "Freedom of speech ends where treason begins."

It seems to me that the American Dental Association considers any opposition to its utopian program for fluoridation of communal water supplies as treason, to be combated with every legal and extra-legal maneuver at its command, including the suppression of the freedom of speech of its dissenting members.

Up to five or six years ago numerous articles on fluoridation, both pro and con, appeared in dental society publications. Then arti-

cles adverse to fluoridation were no longer published, while articles plugging for that program became profuse. It is now unusual to find a journal that does not present some argument for that program.

Dental journals not controlled by professional societies and journals of non-dental scientific and research groups, continue to publish numerous articles both for and against fluoridation adhering to the principles of good journalism, which require presentation of all aspects of a controversial subject, even though the journalist can agree with but one side.

Arthur B. MacWhinnie, D.M.D., of Seattle, writing in *ORAL HYGIENE* under title of **FLUORIDATION IS COMPULSORY MEDICATION**,¹ report-

¹MacWhinnie, A. B.: Fluoridation is Compulsory Medication, *ORAL HYGIENE* 43:44-47 (January) 1953.

Dentists who oppose fluoridation should be allowed to present their views without fear of recrimination.

ed that he was denied the platform to speak to his local dental society against fluoridation, although addresses favoring the program were given repeatedly. Although he was on the publications committee of his state journal, which had published other editorials he had prepared, his editorial presenting both sides of fluoridation was removed at press time by the Committee for Fluoridation. His experiences show the ideas of organized dentistry on freedom of speech for any member opposing its plans.

My own experiences have been equally distressing and frustrating. Two years ago, at the request of the editor of a local newspaper, I prepared a series of anti-fluoridation articles designed to meet the arguments set forth in a promotional series previously published at the request of the San Diego County Dental Society, of which I am a member. I delivered the manuscript to the printers, but before the type had been set, I telephoned the chairman of the Society's Committee on Ethics and asked his reaction to my preparing additional data on fluoridation for the local paper. He asked, "Which side are you on?" as if that should make any difference. When I told him I opposed fluoridation, he told me that if I did as planned I could ex-

pect to be called before his committee and probably expelled from the society. Consequently, and subsequently, I have not dared express myself publicly on that subject.

Granted that the American Dental Association is not a "closed shop" or even a "union shop," the fact that it is technically "open shop" does not ameliorate the fact that, at least in California, a dentist hardly dares practice his profession unless he is a member of that organization, for only as a member can he obtain malpractice insurance at a practical cost and in adequate amount. A sorry state of affairs, it is true, but a fact; and I cannot afford to be expelled until I am ready to retire.

The committee chairman whose statement stopped me from making my opinions public now denies making it; it is his word against mine. I sincerely believe he forgets, but I cannot forget. Two facts stand out conspicuously to remind me. First, the material I had prepared for publication under my name was not so published, much as I desired it to be. Second, notwithstanding letters and telephone calls made for the purpose, I have been unable to get a statement in writing from a responsible officer of the local society or of the Southern California State Dental Association, saying that I was not bound by Section 20 of the American Dental Association Principles of Ethics, which, as revised in 1950, reads as follows:

"Section 20. Education of the Public: A dentist may properly participate in a program for the education of the public on matters pertaining to dentistry *provided such a program is in keeping with the dignity of the profession and has the approval of the dentists of a community or state acting through the appropriate agency of the dental society.*" (Italicized by author.)

I have had legal interpretation of Section 20. Two different attorneys agreed that a proviso that permits an act prohibits any act contrary to that specifically permitted, and since the local dental society supports the fluoridation program, any action to educate the public against that program, by a member of the American Dental Association is prohibited by Section 20. A Federal attorney advised me unofficially that such a restriction is not interpreted as a violation of the First Amendment to the Constitution of the United States so long as the member is not compelled to belong to the organization.

In November, 1952, I wrote to the Board of Directors of the San Diego County Dental Society requesting interpretation of Section 20, the final paragraph of my letter reading as follows:

"I would appreciate being advised by you as to whether or not I am at liberty to express my views publicly, subject only to the rules of honesty and courtesy that should

govern any discussion. Am I denied by that very unethical Section 20 of the American Dental Association Code of Ethics, the freedom of speech provided for me, yes, guaranteed to me, by the Bill of Rights of the Constitution of the United States of America?" I have not received even the courtesy of an acknowledgment, much less a reply to that letter.

Therefore, in March, 1953, I wrote to the President of the Southern California State Dental Association, enclosing a copy of my letter to the local society. My letter concluded:

"I recommend that the Southern California State Dental Association delegates to the annual convention of the American Dental Association be directed to initiate action to change Section 20 of the Code of Ethics to permit the traditional American principle of freedom of speech to be exercised freely by its members without fear of reprisal such as has been threatened to me if I publicly oppose a program I consider to be inimical to the public interest."

This recommendation was considered by the Executive Council of the Southern California State Dental Association, and I was advised by the Secretary that the Council had not seen fit to take any action in the matter since Section 20 was intended to apply only to members who represented themselves as speaking for organized dentistry.

Other officers of organized dentistry have told me the same thing, but neither the attorneys nor I can find anything to that effect in Section 20. Nor have I been able to get such a statement in writing from any officer whom I would consider as having authority to authorize me to do something expressly prohibited by that section.

If the members of the Executive Council can read that interpretation into Section 20, then they also could read into it any other interpretation they chose, and if an opponent, a dissident member, got too deeply into their hair, they could flay him and hang his hide on the curtain that they draw over the truth about fluoridation.

When the question is raised, as it often is, "Why are not dentists more vocal in opposition to fluoridation if it has a bad side?" the preceding paragraphs provide the

answer. Those who restrict their dental reading for the most part to the dental society journals will see no articles adverse to fluoridation, due to the suppression of such articles. Many dentists who are aware of its dangers and fallacies dare not express themselves, if for no other than the additional reason expressed to me by one well-known San Diego dentist who is opposed to fluoridation, when he said, "I have to live with these dentists over here."

It certainly is in order to revise Section 20 of the Principles of Ethics to permit dissenting minorities of the American Dental Association to express themselves publicly, for their expression within their own component is too easily blocked by the majority, which, unfortunately, is not always right.

402 D Avenue
Coronado, California

PUBLIC HEALTH DENTISTS ADOPT FLUORIDATION RESOLUTION

THE AMERICAN Association of Public Health Dentists while in annual business session in Cleveland, Ohio, September 27, 1953, adopted the following resolution:

WHEREAS, American life is traditionally based on community life, and that needs can best be determined and met at the community level, therefore, be it

RESOLVED, that the American Association of Public Health Dentists reaffirm its position favoring controlled fluoride supplementation of public water supplies, and be it further

RESOLVED, that the American Association of Public Health Dentists respectfully petition the Congress of the United States to refrain from enacting legislation either compelling or forbidding communities and states to fluoridate their public water supplies.



BY PHILIP PARKER, D.D.S.

Questionable practices in handling patient's account may reflect unfavorably on the whole profession.

TO ONE who has been in practice a long time it is gratifying to note that many of the commonly accepted but deplorable business practices of dentistry at the turn of the century, have long since ceased to exist. This change has come partly by the action of the various state boards and dental societies but also by a growing realization of social responsibility on the part of dentists themselves.

Since the millenium has not yet dawned, it may be well to pause and take inventory and see if perhaps some new but questionable practices have not crept in. There is one that particularly comes to mind, and that is the innovation of turning the patient's account over

to a bank or finance company. In recent times finance companies have played such a spectacular part in the development of the automobile and other industries that some dentists, casting an envious glance in that direction, have adopted this means of doing business.

Merely because a finance company is a valuable adjunct to an automobile company does not make it so to the dental profession. Furthermore, as Doctor James H. Means, former president of the American College of Physicians, recently stated:

"It is naive to suppose that what is good for the American Medical Association is also necessarily good for the Nation." The same holds true for dentistry. The objectives of our profession can best be served when they are identified with the public good.

As we all know, our profession

is predicated on a human need, but as two public relations counsellors point out:

"Need is often confused with desire. Stimulation of desire, without serious regard as to a particular need, is the basic cause of much of the distrust of business by the public."

A patient who needs "bread and butter" dentistry will surely resent it when he finds himself overly indebted to a finance company because he has been "sold" dentistry suited for the "carriage trade."

Those who advocate this method of financing our patients are enthusiastic about its merits and its advantages, but the rank and file dentists regard it as a shady, trap-baiting operation devoid of ethics—somewhat akin to the prize-fighter who soaks the bandages under his gloves with plaster of Paris. At the least it strips away the warmth and humanity that is the hallmark of our profession.

So far, this financing has functioned in a period of unparalleled prosperity. It has yet to be tested in a depression or even in a severe recession. While the over-all picture remains good, there is the possibility that the shifting winds of economic forces may change and leave in their wake, widespread havoc.

At such a time, if an owner will default on the payment of his notes, the finance company may take away his car, TV set, as the case may be, but the courts have

ruled that a patient's dentures may not be repossessed. However, the patient may be sued, his salary garnisheered, and other measures taken to recover the amount he owes. Dentists who deal with their patients in this manner stand to lose nothing, but the onus of these unsavory legal measures will fall on the dental profession as a whole.

This is all the more to be deplored because it seems entirely unnecessary. The overwhelming majority of dentists have in good times and bad made suitable arrangements with their patients for the payment of their bills on reasonable and equitable terms without resort to finance companies. But even if it is as useful as its proponents say it is, "to judge an action honorable and excellent because it is useful is a pitiful argument." A far better touchstone would be to inquire: "Will it build good will and friendships?"

Dentists who turn their patients' accounts over to a finance company even assume a sanctified air of righteousness. They take the attitude that they are helping their patients. But their way of doing it is not a completely satisfactory answer to the Biblical warning that we are our brothers' keepers.

Commercialism does exist in our profession, but dental practice is not a business and can never be one. "Our fellow creatures cannot be dealt with as man deals in corn and coal; 'the human heart by

which we live' must control our professional relations," according to Osler.

Those few dentists to whom these moral precepts have no particular appeal, whose sole aim is to make as much money as possible, as quickly as possible, and without concern for other values, should be reminded that conscientious care and restraint must guide us at all times in our profession. We must develop good social sense as well as good business sense. Let them also ponder the fact that right now ten congressional commissions or committees can be found intent on studies that directly or indirectly involve medicine.

The leaders of our profession—brilliantly alert and to a high degree successful in recognizing and halting harmful trends in dentistry—have failed to assess the implications of this practice of turning a patient's account over to a finance company.

This device may generate widespread criticism and offend the sensibilities of our patients. It should be outlawed before there are thunderings from the pulpit and mutterings in the legislative halls and a revulsion on the part of the public. In the last analysis our license to practice dentistry is issued by "we, the people."

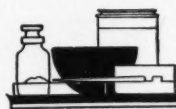
1801 Marmion Avenue
Bronx 60, New York

AMERICAN DENTURE SOCIETY SPONSORS CONTEST

THE AMERICAN Denture Society will award cash prizes of \$500 and \$300 to the first and second place winners of its essay contest. Essays are to be written on some phase of prosthetic dentistry, and all senior dental students of American dental colleges are eligible to enter the contest. Entries should be mailed by July 15, 1954, to Doctor Carl O. Boucher, Editor, *The Journal of Prosthetic Dentistry*, College of Dentistry, University of Ohio, Columbus 10, Ohio. The contest's purpose is to stimulate technical writing by dental students, and the winning essays will be published in *The Journal of Prosthetic Dentistry*. Further information may be obtained from Doctor Arthur L. Roberts, Secretary, American Denture Society, Aurora National Bank Building, Aurora, Illinois.

"CITIZENS FOR CONSERVATION"

GERALD P. NYE, former United States Senator from North Dakota, has been elected president of Citizens for Conservation, Inc. The new organization was formed to promote the conservation of human and natural resources at the community level.



TECHNIQUE of the Month

Originated by W. EARLE CRAIG, D.D.S.

Simple Technique for Preparation of Temporary Bridge

BY CHESTER SIEGEL, D.D.S.

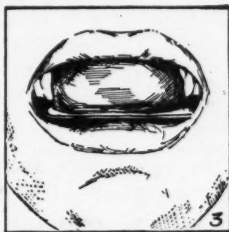
Drawings by Dorothy Sterling



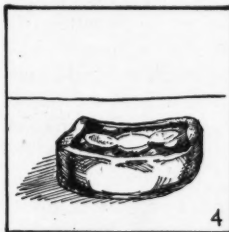
Carve rough pontic from wax or compound, and position it on the study model (or in the mouth prior to the preparation of abutments). Adapt tin foil to the bridge area.



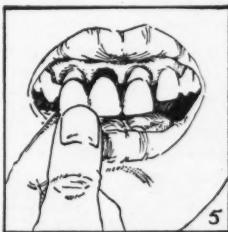
Take a wax impression of the tin-foiled area, luting the foil to the impression. Remove the impression. Remove pontic from impression.



Prepare abutments. Lubricate the preparations. Fill impression with a loose mix of the proper shade of quick-setting acrylic. Insert in mouth.



Remove impression at initial set and allow the acrylic to bench-cure.



Remove the bridge from the wax. Trim, polish, and check for fit. Cement into place with temporary cement.

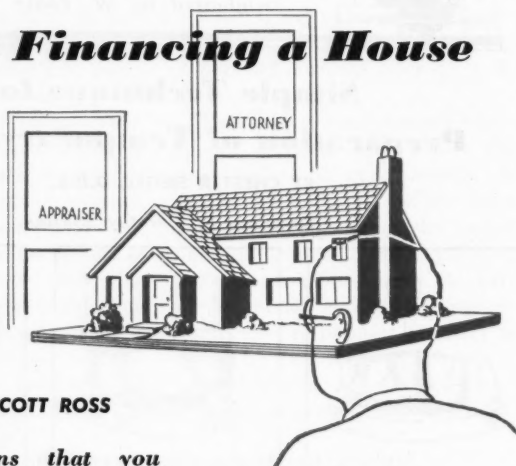
Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

Editor's Note: A department similar to this one, "Clinical and Laboratory Suggestions," appears each month in Dental Digest.

Tips on Financing a House



BY SIDNEY SCOTT ROSS

Author cautions that you should consult your lawyer and an appraiser before buying a house.

BUYING a home is an undertaking that deserves careful consideration. This may well be a dentist's biggest financial venture. If handled properly, this transaction may give him and his family increased happiness, stability and well-being; if not, the home may turn out to be a heavy burden and liability.

Let us suppose you and your family now live in cramped quarters in a rented house or apartment. You have decided to buy a home that will be adequate for your family's expanded needs. You

begin searching for the right house, and your quest finally narrows down to a particular one.

Both you and your wife like the house because of its location in what appears to be an up-and-coming residential neighborhood; and because the house is only a few blocks from public transportation that will take you to your office.

The upkeep of a house is expensive. Consider not only the interest on the mortgage (since few houses are bought outright for cash), but also property taxes, insurance, repairs, painting and other upkeep items, heating, utilities and such expenses.

Your next step is to evaluate your financial circumstances. Housing authorities say that one should not consider buying any house unless (1) he can afford to make a cash down payment of at least 25 to 30 per cent of the price asked by the owner; and (2) the purchase price is *less* than two to two and a half times his annual income. You should also figure on total *monthly* carrying charges to be from one to two per cent of your yearly income. If your income is not sufficient to carry this load, or if you do not have the necessary cash for the down payment, you are wise to avoid future financial headaches with this particular house and to seek another that will cost less and be less expensive to maintain.

At this stage, you should determine whether the house under scrutiny is in good condition. You and your wife may like certain internal features of the house, but not being experts, you cannot tell whether or not it is soundly constructed. It is sensible, therefore, to consult a reliable architect, contractor, or professional appraiser, who can look at the house and give an expert opinion for a small fee.

As part of the process in granting you a loan so that you can buy a house, the lending agency will wish to make its own independent appraisal of the house. It will also examine and check to see if there is a clear title to the property or if there are encumbrances on it,

such as liens, judgments, and unpaid taxes.

The lending agency may be your life insurance company, your local bank or savings institution, or building and loan association. (The Federal Housing Administration [FHA] insures loans made by the agencies just mentioned.) The interest rate you will pay and the method of repayment of the loan will differ with each agency. The size of the down payment will also affect the terms of the loan.

Before you make a loan with any lender, and before you sign any papers, for your own protection be sure to engage the services of an experienced and competent lawyer. His fee will prove a sound investment.

Be sure that your loan is of the "amortized mortgage" type, which is becoming more and more popular. The life of this type of loan may be from 20 to 25 years, with the borrower repaying the loan in monthly installments. Each installment payment includes a portion for interest and a portion for repayment of principal. As you continue to make payments, the portion for interest is reduced gradually, and the portion for principal gradually increases, so that eventually the loan is paid off in full.

The other type of loan is the "straight mortgage" type. Here the loan runs for a specified period, and interest is paid at regular intervals on the original principal. When the loan falls due, the bor-

rower must repay the entire principal, or else the mortgage on his house may be foreclosed. Make sure your loan is *not* of this type.

Sometimes a borrower has only enough for a small down payment say five to fifteen per cent of the purchase price. In such event, he may obtain a first mortgage of sixty to seventy per cent, and a second mortgage for the unpaid balance. In the event of foreclosure, a second mortgage is subject to the prior claim of the first mortgage, and hence is not as safe, so

the borrower must pay an excessively high rate of interest. Rarely is a second mortgage a prudent transaction.

If the dentist gets good advice, if the price is satisfactory, and if the location and method of financing are chosen carefully, his home should prove a sound investment, not only financially but also for the happiness and security of his family.

3070 Hull Avenue
New York 67, New York

SOCIAL SECURITY HELPS DENTIST'S WIDOW

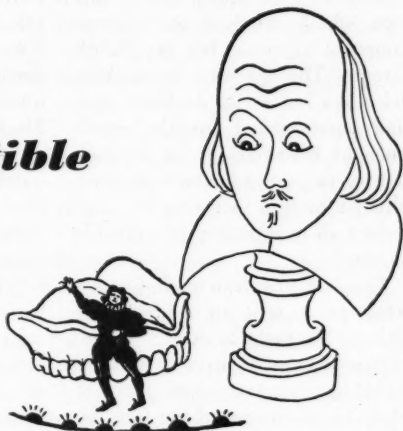
WHEN Doctor Harry D. Robbins of Chicago, Illinois, died last year, his wife believed that she was ineligible for Social Security benefits because her husband, as a dentist, was not covered by the Social Security Act. However, another Chicago dentist, Doctor Earl S. Elman, told her that she was eligible because Doctor Robbins had served in World War II. Now the widow and her young son, Alan, who was born six weeks after his father died, each receive \$34 a month in Social Security benefits. Payments will continue to the boy until he becomes 18, marries, or is employed. Mrs. Robbins will be entitled to continuing payments unless she remarries, and will receive additional benefits when she reaches the age of 65. Payments in excess of \$15,000—financial assistance Mrs. Robbins never dreamed of—are possible by 1971.—*Chicago Daily News*.

HAPPY IN PRACTICE

TO BE happy in one's practice, the doctor must keep alive his curiosity about people. He cannot become irritated and upset because a patient elects to behave in a manner that he would find socially unacceptable in a friend. He has to regard the behavior as having some meaning in relation to the patient's emotional or physical problems. The behavior of his patients must be meaningful to him, rather than irritating. This difference in attitude will determine whether at the end of a busy day the doctor has had a fine time and is fresh for further adventure or whether he is fatigued and sore at his practice and the world. (Publication of The American Academy of General Practice)—TREATMENT OF CHRONIC AND UNDIAGNOSED ILLNESSES, E. A. STEAD, JR., M.D., GP, (Publication of The American Academy of General Practice) November, 1953.

"Tax Deductible Dentures"?

BY HAROLD GLUCK, Ph. D.



Federal court rules against taking deductions for teeth as business expense.

THE PATIENT sitting in your dental chair is a well-dressed man, apparently in his early forties. He removes a full upper denture and also a full lower one.

"See these," he remarks to you, "I have something special in mind I want you to make for me. Make me a set of plastic teeth that will light up. I can run a small wire from a concealed battery into my mouth. How much will they cost?"

You are about to get angry because you feel that the patient in the chair is just kidding you. He reads your mind and says, "I am not joking about it. I do a circus act, and I want this special job."

So after a thorough discussion with him you do the sensible thing. You will see if such a set can be made. Three months later he pays you \$3,500 for the set. And then he makes the following remark, "I am going to see if I can deduct \$3,000 of the money from my income tax report. It seems to me that since these dentures are to be used in business I ought to get an allowance as a business expenditure."

From a dental point of view there is not the slightest doubt that good sound reconstructive dentistry is an absolute business necessity when the person concerned makes a living by coming into contact with other people. At once you think of the theatrical profession and you also add every salesman, whether he sells cars, insurance, or dental supplies.

Actually there was a case of this type which reached the Circuit Court of Appeals for the Ninth Circuit. The question was: May the cost of artificial dentures, specially constructed for the excellence of enunciation, be deemed, at least in part, a business expense which a motion picture actor may deduct in computing his taxable income?

The dentures were made for this actor at a cost of \$3,500. He claimed the right to deduct \$3,000 of this sum as a business expense in his income tax return for that year. The court stated the facts by quoting from the opinion of the Board of Tax Appeals:

Board Findings

"The Board found: Petitioner's natural teeth had been replaced with an artificial upper denture. Petitioner had difficulty in articulation, and detected a slight hiss which was objectionable and perhaps fatal to his continued employment in his profession. For all other purposes his teeth were satisfactory. In order to correct this condition, petitioner had two sets of upper dentures made at a cost to him of \$3,500. The new teeth eliminated the hiss and restored to petitioner perfect enunciation. Two sets of teeth were purchased to insure against delay in petitioner's work in the event one set was damaged or destroyed while a picture was being filmed."

The actor testified: "After these

teeth had been built and installed [sic] I was enabled to earn \$172,000. Had the teeth not been expertly made, there is a question in my mind that I could have earned \$10,000. It is definitely a fact in my mind that I would have been quickly eliminated from my profession. My other teeth were all right. I could do perfectly with them, but as stated, I had a certain hiss when I would use the letter 's.' You cannot hiss in the moving picture business. You must enunciate clearly, and when you do not, you do not work. The teeth I had were satisfactory for every other purpose except for my hiss. The purpose of the two sets was insurance. I thought perhaps I might drop one of the bridges from my mouth and destroy it. They (the studios) would not be able to wait for a dental job approximately six weeks. After I got the new teeth I did not hiss on the letter 's.' My speech has been restored perfectly."

The commissioner disallowed the deduction. And then the Board upheld the commissioner's decision by saying:

"The statute expressly disallows: 'personal' expenses. It would be difficult to imagine anything more personal than a set of false teeth. Although the immediate suggestion that the purchase of the new upper dentures may have occurred in connection with his professional activity, the expenditure was nevertheless so purely person-

al in character as to deny it classification as a business expense. Conceivably the presence of a hiss in his enunciation would seem just as objectionable in the speech of a preacher, a lecturer, or any other person who depends on his voice in his business or profession as in the speech of an actor."

Circuit Court Judge Mathews, speaking for the majority of the court, upheld the board. But there was a dissenting voice and Circuit Judge Denman had a different point of view.

"It is the ordinary practice of actors," he said, "to make alterations in the mouth for the more effective presentation of the characters in which they are cast. For aged parts teeth are blackened to make it appear there are none, cheeks are stuffed out by pads to fatten the face, throats are sprayed to eliminate hoarseness, and obstructions are fastened to teeth to give a comic lisp or other affec-

tation of speech. Per contra is the famous classic of Demosthenes, who sought to overcome an obstruction in his speech and to clarify his enunciation by declaiming his orations on the seashore with a pebble in his mouth. Nothing could be more personal in one sense of the term than all these customary aids to speech and appearance in the actors' profession. Expenditures are not to be disallowed as not a business expense just because the business is one of the exploitation of one's personal gifts. As well could it be said that expenditures for costumes, rouge, face paints, and the like, all intimately personal, should not be allowed."

I think many dentists will agree with the dissenting point of view. And perhaps some day this judge's position may become the majority point of view.

2939 Grand Concourse
Bronx 68, New York

LEVELS OF MATURITY

PSYCHOLOGICAL maturity is frequently unrelated to intellectual or physical maturity, that is; an individual may be an intellectual genius, but quite incapable of relating himself happily to other people. A man may be highly successful as a business executive and yet be incapable of adjusting to marital and family life. Thus, a person may be mature in one respect and quite immature in another.

The degree of psychological maturity also varies. When all goes well and neither internal nor external pressure or conflict is excessive, it is easier to behave in an "adult" manner. When excessive fatigue or illness or work complications or a love affair presents unusual stress, sometimes the personality will regress temporarily to a lower level of maturity.—
WILLIAM C. MENNINGER, M.D.

the owner of a coffee plantation in Nicaragua. He recently went to the Central American country on a three-month visit to supervise and improve the plantation. The dentist is also vice counsel for Nicaragua in Philadelphia.

San Juan Capistrano (California)
Coastline Dispatch: Two Lakewood, California dentists, Doctor Richard T. Street and his brother, Doctor John B. Street, are known as railroad "tycoons,"

for they own one of the largest miniature train collections in the world. Their collection includes trains from all over the world. Most of their trains are on display, rather than in operation, but the dentists plan an arrangement to enable children to see modern trains running. To do this, a club called the Dana Point and Capistrano Model Railroad Society has been formed. Eventually they hope to have the largest "S" gauge model railroad in the world.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

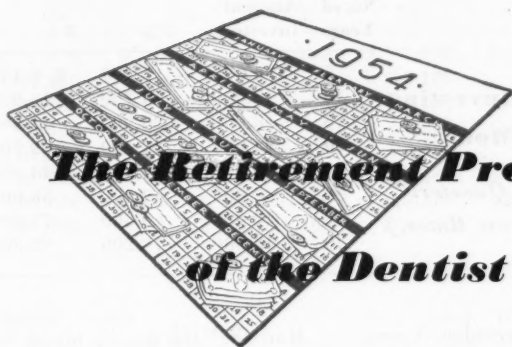
Miss Freda Wooten, Coalwood, West Virginia
N. H. Miller, D.D.S., 667 South Rampart Boulevard, Los Angeles, California
Lt. W. F. McDonald, c/o Postmaster, San Francisco, California
E. T. Dolan, D.D.S., 202 Citizens National Bank Building, Chillicothe, Missouri
L. L. Lathrop, D.D.S., Box 408, Emporium, Pennsylvania
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York
D. B. Anderson, 1808 Greenbrier Road, Long Beach, California
Miss June Gregg, Box 105, Bainbridge, Ohio
Mrs. E. Klein, 5237 North 5th Street, Philadelphia 20, Pennsylvania
Mrs. John W. Richmond, 5341 Mission Woods Road, Kansas City, Kansas
V. De Hon, 233 South 7th East, Salt Lake City, Utah

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

NAVY ANNOUNCES NEW PLAN FOR DENTAL OFFICERS

A NEW policy designed to make a Navy career more attractive to young physicians and dentists was announced recently by the Navy. The policy permits medical and dental corps officers to resign from the service after four years of active duty. It also provides that officers who choose to stay in Service will become eligible for postgraduate training after completion of one tour of sea or foreign shore duty.—GP.



The Retirement Problem of the Dentist

BY NATHAN BELFER*

***Systematic monthly saving is
the foundation of retirement
security.***

THE PRACTICING dentist faces a serious retirement problem. The average individual can look forward to two different pensions when he retires at age 65: a company pension and a pension from the government under Social Security. The dentist, however, will not receive a pension from either of these sources. He must provide for his retirement entirely by himself.

Every dentist thus faces an imperative problem: he must accumulate sufficient savings during his active working years to assure a

comfortable and respectable old age. While the problem is a difficult one, fortunately it can be solved. A dentist can provide for his retirement needs by a program of systematic and regular investment. Systematic monthly investment and the regular reinvestment of dividends will show some surprising results over a period of years. The accompanying table indicates the sum a dentist will accumulate if he invests \$100 a month for a period of years, with interest compounded quarterly at the specified rate of return.

Let us say a man starts independent practice when he is 30 and saves \$100 a month for 35 years until he retires at 65. During this period he will have invested \$42,000. If he received a return of 8 per cent compounded quarterly, his original investment will have grown to \$224,900.

The table should make three things apparent to dentists:

1. An investment program should

*Member, Advisory Board, Investors Planning Corporation, New York, and Associate Professor School of Business, Pennsylvania State University.

	No. of Years	Amount Invested	2%	3%
The Result of Investing \$100 Each Month. (Compounded Quarterly at Various Interest Rates.)	5	\$ 6,000	\$ 6,200	\$ 6,400
	10	12,000	13,200	13,900
	15	18,000	20,900	22,600
	20	24,000	29,400	32,700
	25	30,000	38,800	44,400
	30	36,000	49,100	58,000
	35	42,000	60,600	73,800
	40	48,000	73,200	92,200

be systematic and regular. A comparatively small monthly investment will eventually amount to a rather sizable sum if the individual invests it regularly and the earnings are reinvested.

2. One should start an investment program early in his professional career. If the dentist mentioned here had waited until he was 45 to begin a regular investment program, he would have accumulated only \$58,100 at 65. The earlier a systematic monthly investment program is started, the larger the retirement fund one can anticipate.

3. The amount of yield received on the investments is important. Small differences in yield result in surprisingly large differences in the final amounts. In the example considered here the dentist enjoyed a return of 8 per cent compounded quarterly. Over a 35-year period the \$42,000 he invested grew to \$224,900. If, however, his return had been only 2 per cent, he would have had only \$60,600 at age 65.

How shall the dentist invest the money he is accumulating for his retirement? Low yields of 2 and 3 per cent can be secured from savings accounts, insurance contracts, and government bonds. Higher yields can be secured from investments in common stocks. The stock market fluctuates, but over a period of time its record has been remarkably good. This is a direct reflection of the tremendous and dynamic growth of American industry. American business has had its ups and downs, but the long-run push has always been upward. In the past eighty years the average annual return from dividends and increase in market value for the industrial common stocks listed on the New York Stock Exchange was almost 9 per cent. Over a period of years an investment program that includes common stocks will show a far better combined income and principal performance than can be obtained from such low-yielding investments as bonds, insurance, and savings accounts.

4%	5%	6%	7%	8%	9%
\$ 6,600	\$ 6,700	\$ 6,900	\$ 7,100	\$ 7,200	\$ 7,400
14,600	15,400	16,200	17,100	18,100	19,100
24,400	26,500	28,800	31,400	34,200	37,300
36,400	40,800	45,800	51,500	58,100	65,700
51,100	59,100	68,600	80,000	93,600	110,000
69,000	82,500	99,300	120,300	146,400	179,200
90,800	112,600	140,800	177,300	224,900	287,100
117,400	151,100	196,500	264,000	341,500	455,500

Mutual Funds

What common stocks should the dentist buy? This is a difficult question to answer. There are thousands of companies whose shares can be purchased. It is obviously impossible for the average individual to make an informed selection among them and to keep abreast of all changes in companies and in earnings which will affect the value of his investments. It is obvious, therefore, that one needs competent professional advice in setting up an investment program. A wealthy individual can secure such professional service from an investment counsel firm. The average person, however, cannot afford to hire an investment adviser. Fortunately, a dentist can obtain professional investment management through the purchase of shares of mutual funds.

Mutual funds are an excellent medium for the dentist who wishes to include securities in his retirement fund, without the expenditure of time, research, and worry required to select and manage com-

mon stock investments. Mutual funds have staffs of professional investment experts who devote full time to checking and rechecking all securities that are held or being considered for purchase. Directors of mutual funds have access to large amounts of statistical and economic information. They may also know the management of many corporations and can determine the earning ability of a company. The average dentist does not have the time or facilities to make an effective evaluation of the securities. Through a single investment in mutual fund shares he will receive careful initial selection, diversification, professional management, and constant supervision of investments. Mutual funds usually do a better job of buying securities than the average individual can do for himself.

Systematic Investment

The creation of a retirement fund requires systematic investment over a period of years. This can readily be done through a contrac-

tual plan with a mutual fund providing for regular monthly purchases of shares. Under such a plan the dentist can invest regular amounts monthly, for as long as he desires, and the arrangement can be terminated at any time.

Furthermore, dividends and capital gains can be automatically reinvested in additional mutual fund shares without any effort on the part of the owner. Through investment in mutual fund shares the dentist will be completely relieved of the details of investment management. A mutual fund gives the investor considerable investment peace of mind.

There are many different mutual funds available. The interested professional man can secure information and advice concerning them from a qualified investment dealer. Every mutual fund publishes a prospectus giving a statement of security holdings, income, expenses, and other details of its operations.

The value of mutual fund shares fluctuates, just as the market does. However, the systematic investor will find that his average over-all purchase price will be quite satisfactory. Low prices, furthermore, are a problem only if the shares must be sold. The creation of a retirement fund is not a speculative process; there is no intention of

liquidating the mutual fund shares if prices fall. The purpose is to accumulate gradually a large estate, and the professional person will be able to build up a substantial estate during his active working years through a program of systematic investment from current earnings despite price fluctuations.

Conclusion:

This article has attempted to point out various factors associated with the problem of retirement for dentists:

1. Since most dentists are not eligible for company pensions or Social Security, they must provide for retirement by themselves.

2. Dentists will benefit by a systematic savings and investment program to accumulate funds for retirement.

3. The investment program should be started early in one's professional career.

4. Investment yield will be of great importance in the total amount available when the dentist is ready to retire. Small differences in yield make large differences in the final totals. It is desirable to invest a large part of the retirement fund in common stocks.

5. Systematic purchase of mutual fund shares is an ideal way for a dentist to accumulate a retirement fund.

ANSWERS TO QUIZ CXIV**(See page 315 for questions)**

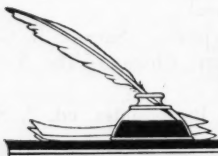
1. (a) smoke, (b) spirits, (c) spices, (d) syphilis. (Sarnat, B. G.; and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, pages 106)
2. (a), (b), (c), (d) all. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 43)
3. True. (Mathews, G. W.: Localizing Anterior Maxillary Impactions, Dental Radiography and Photography **25:22** [No. 2] 1952)
4. (c) 90. (Blair, V. P.; and Ivy, R. H.: Essentials of Oral Surgery, ed. 4, St. Louis, C. V. Mosby Company, 1951, page 140)
5. The depth of the gingival sulcus. (Orban, B. J.: Biologic Principles in Periodontosis, DENTAL DIGEST **57:253** [June] 1951)
6. Yes—for as long as two or three years. (Accepted Dental Remedies, ed. 18, American Dental Association, 1953, page 78)
7. (a), (b). (Schweitzer, J. M.: Oral Rehabilitation, St. Louis, C. V. Mosby Company, 1951, page 514)
8. True. (Grossman, L. I.: Handbook of Dental Practice, ed. 2, Philadelphia, J. B. Lippincott Company, 1952, page 367)
9. No. (Miller, C. C.: Construction of Amalgam Restorations, J. Canad. D. A. **18:122** [March] 1952)
10. (c). (Harrigan, W. F.: Facial Pain, J. Oral Surg. Oral Med. and Oral Path. **5:565** [June] 1952)

DOCTOR PAINLESS PARKER LEAVES LARGE ESTATE

AN ESTATE valued at \$391,898 was left by Doctor Painless Parker, one of the best known chain-credit dentists in the west. Items listed in his estate included \$60,771 in accounts receivable, \$75,000 in real estate, \$39,556 in cash, \$34,812 preferred stock in the Parker Dental System Company, securities, and a sloop valued at \$5,000. Doctor Parker's will provided that any heir who sought to contest the will should receive nothing. The dentist, who died in November, 1952, at the age of 80, had his name legally changed several years ago from Edgar Randolph Parker to Painless Parker.—*San Francisco Examiner*.

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE STRESSES WE LIVE UNDER

THE DENTIST spends his working day doing things to people that they do not like and do not enjoy paying to have done. It is a stressful situation to the patient and to the dentist. After a thirty or sixty-minute appointment, the patient is on his way again to return to things that he considers to be more pleasurable. The dentist, however, must continue hour in and hour out, week after week, year upon year, to listen to the complaints and to react to the attitudes and the behavior of his patients. It is a hard life.

As Harold Wolff¹ has made plain, "the impact of man on man may be as seriously traumatic as the assaults of microorganisms, climate, chemical and physical forces." The effect of the patient on the dentist may be just as traumatic as the effect of the dentist on the patient. No one talks about the harm patients do to us. The emphasis has been on the trauma we inflict on patients. It is time that someone should examine the stresses under which dentists live and work.

In the acutely painful situation the person in pain reacts as a total personality. The actual painful stimulus may be in the tooth but the reaction involves virtually every tissue of the body. Some people are hyper-reactors and their responses are overwhelming. They groan or cry or grimace; they contract their muscles and distort their faces. Many of them during this experience are accusative in word, and many more are probably violently accusative in their thoughts. Although the patient is experiencing the direct reaction, the dentist, unless he is a case-hardened sadist, is participating in the event. It is taking something out of him as well as it is out of the patient. Anxiety among dentists and some of their functional and organic diseases are very likely initiated by their patients.

¹Wolff, H. G.: *Stress and Disease*, ed. 1, Springfield, Illinois, Charles C Thomas, page VI, 1953.

There are other traumata to the dentist in the dental experience in addition to the ones originated by the pain-inflicting injuries. Notably there is the subject of "blame." Many people by devious processes of reasoning blame us for their dental disease. The question, "Just why do my teeth decay so much?" is more than a rhetorical one. It carries the undertone, often poorly disguised, that the dentist somehow is responsible for the condition. The patient who says, "One of *your* fillings came out," is placing the blame directly on the dentist, regardless of whether or not the dentist placed the restoration. The same person in referring to a breakdown in his automobile or his household appliances uses the expression *my*. This is a subtle difference in the attitude that he has toward his dental tissues, their diseases and treatment, and the attitude that he holds toward his material possessions.

People also "blame" us for hurting too much and for charging too much. Actually the constant development of analgesics and anesthetics, of instruments of new materials and design, are testimony that one of the major activities of the dental profession is directed toward pain control. Fortunately for us, there are patients who appreciate these advancements and are generous in expressing their appreciation of them.

On the subject of fees there is no end to discussion, usually unfavorable to the dentist. As a general statement it might be said that dental fees have not kept pace with the increases in the costs of living. These protests on dental fees come because people do not enjoy paying for things that do not give them pleasure, that do not elevate their self-esteem, that carry no insigne of importance or affluence, that do not increase their feelings of security. We may argue in full truth, but without the power of conviction, that dental care improves health, comfort, and appearance. These values are unmistakably true but people will continue to complain and to blame. This is not good for us.

It would be well if studies were made on stresses and diseases as they affect dentists as well as their patients. The high morbidity and mortality rates among dentists and physicians for some forms of disease suggest that their work may predispose them to certain types of stress diseases.

Edward J. Ayer

Q

ASK Oral Hygiene

A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Hypocalcification

Q.—I have a boy, 12, who offers a puzzling case. The enamel on the labial surfaces of his upper left lateral and cuspid turned white and chalky, became soft and crumbled off the cuspid from the gingival line to the incisal edge, and on the lateral from the gingival line about half-way to the incisal edge. The two opposite lower teeth are all white but none of the enamel has crumbled off yet. The teeth do not bother him.

He is a healthy boy, never takes any medicine, and his parents say he has a well-balanced diet, has orange juice for breakfast, and never consumes lemon juice in any form. He is a normal boy, active, but somewhat nervous.

Can you tell me the cause of his condition and what I can do to control it?—C.H., Colorado.

A.—The case presented in your letter is one of enamel hypocalcification, which is caused during the maturation stage of enamel formation.¹ Some such cases are of hereditary origin, so it would be interesting and helpful to look into the possibility of your case being of the hereditary type. Why certain teeth are affected in your case one cannot say, but probably it is because of the influence of some disturbance in the system during the maturation of the enamel on these teeth. One would think that corres-

ponding teeth on the other side of the mouth would be similarly affected. The teeth can be protected and saved with acrylic jacket crowns.—GEORGE R. WARNER.

Gottlieb's Solution

Q.—Will you please give me your technique using Gottlieb's Solution for sterilizing cavities?—R.L.H., Ohio.

A.—In answer to your letter the following describes Gottlieb's Solution and its use:

First, the tooth is isolated by cotton rolls and washed carefully with benzine. Then the tooth is covered with nacconal, 1 per cent, and immediately after with zinc chloride, 40 per cent; the zinc chloride is permitted to remain one minute. Zinc chloride must be kept from the gingivae. The zinc chloride is precipitated with potassium ferrocyanide, 20 per cent.—V. C. SMEDLEY.

Osteomyelitis

Q.—I am enclosing a roentgenogram for diagnosis and advice. The patient, a woman about 50 years old, has swelling in the lower left mandibular molar region. With pressure on the buccal aspect of the region some pus was noted coming from the top and the lingual regions. The patient complained of headaches and pain in that area, beginning

(Continued on page 344)

¹Orban, Balint: Oral Histology and Embryology, St. Louis, The C. V. Mosby Company, 1944.

Many Dentists believe

that no other type of restoration can compare (mouth conditions permitting) with a *fixed bridge*; and that the ideal tooth for bridge-work is Steele's TruPontic tooth.

They have the right idea.

- ✓ Steele's TruPontics restore the full contour of the lost natural teeth, providing a restoration that feels more natural, and is more sanitary.
- ✓ Only porcelain comes in contact with tissue, and nothing is kinder to tissue than glazed porcelain.
- ✓ Perfectly suited to immediate extraction cases.

**The Columbus Dental
Manufacturing Co.**

COLUMBUS 6, OHIO





"Look ma - - - no h

Johnnie's willingness to "take a chance" will lead to embarrassing consequences, because he's not careful.

Novice denture wearers, too, usually find it expedient to take every possible precaution to avoid painfully embarrassing accidents. They appreciate the suggestion of Wernet's Powder during the difficult period of adaptation, to strengthen their self-confidence by

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MARCH 1954

hands!"

While it's true that ancient dentistry often knew the "wrong things," which time has had to eradicate, it is also true that it knew many "right things" that modern dentistry has had to learn all over again. For instance, that systemic disturbance can derive from diseased teeth was recognized by an Assyrian Court physician (eighth century B.C.), who wrote his king that "The inflammation wherewith his head, hands and feet are inflamed are due to his teeth. His teeth must be drawn." Modern dentistry had to relearn this principle from William Hunter in 1910.

providing an extra measure of reassurance.

Wernet's Powder hastens the achievement of manipulative skill, by its improvement of stability and retention. It helps reduce initial discomforts, too, by its soft, resilient cushion. Particularly when the adjustment problem is aggravated by anatomical handicaps or psychological difficulties, it encourages patience and perseverance.

JERSEY CITY 2, NEW JERSEY

The inherent tendency to professional specialization is well illustrated in Egyptian history. Although the period 4500-3000 B.C. represents the very dawn of Egypt's civilization, by the latter date there were already those healers who treated only the eye or only the teeth. The first dentist of the Nile recorded at that time was Hesi-Ré, "Great One (chief) of the Toothers and the Physicians." A couple of centuries later came records of Nefer-iret-es, "treater or maker of teeth." And in the fifth dynasty in Egypt, Ny Ankh-Sekmet, "chief of the toothers of the Royal Palace."

One of the fantastic beliefs that held currency for many centuries asserted that the teeth often continued growing after death. In 1694, Henricus Kormannus published a book on the miracles of the deceased, in which he relates that when several bodies were exhumed during the reign of Emperor Tiberius, it was found that the teeth had grown in the graves to such a length that they were longer than a man's foot!

Gum karaya, the pure white powder base of Wernet's Powder, not only commands dental interest in the U.S. because of its superior cushioning and adhesive properties, but rates high in the economics of its country of origin, as one of their valuable forest products. About 8 million pounds of such gums as karaya were exported by India to this country in 1952, valued at almost 1¼ million dollars, American currency.

Speeds the
Mastery
of the
Denture



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Please send me professional samples of Wernet's Powder.

Dr. _____ PLEASE PRINT

Address _____

City _____ Zone _____ State _____

about three weeks ago. It had been several years since extractions were made from this area. I saw what in my opinion was a retained root and proceeded to remove it, but on entering the area I was not able to locate it.

The texture of alveolar bone in the area was in my opinion unusual, so I decided to get your opinion in this matter.—J.H.P., Kentucky.

A.—This appears to be a case of osteomyelitis. The gingivae should be opened up amply and the diseased bone should be removed entirely, after the patient has been well fortified with penicillin both before and after the operation. It should, however, be established that the patient is not allergic to penicillin.—V. C. SMEDLEY.

Cleft Palate

Q.—I have a 40-year-old patient who was born with a cleft palate and hare-lip, upon which surgery was done a few months after birth. I extracted all teeth, and upper and lower acrylic dentures were made. I seemed to get a fair retention on first upper, made shortly after extractions, but it did not last long. I made an acrylic reline at the chair. This was a waste of time. Now three months later I have made a new upper denture. Retention is poor. I should like to know if this man's condition is responsible for lack of retention in an upper denture. If so, can anything be done? The patient has a definite hole to left of the labial frenum which goes into the nasal cavity. He tells me when he has a cold, there are secretions on his palate. How this happens I do not know because there seem to be no openings there. It is just three lines of scar tissue where evidently the surgical repair was made. Will the fact that air gets into the nasal cavity and under the

denture prevent retention? — J.C.F., Pennsylvania.

A.—Certainly the fact that air from the nasal cavity enters above the denture through the opening near the frenum would account for the denture's lack of retention. For this reason, it is important in all cleft palate cases to retain some teeth for anchorage where it is at all possible to do so. With so small an opening remaining, is it not possible to have it closed at this time by an operation?

The secretions that he discovers in the palate must enter from the nasal cavity through the opening that you have described.—V. C. SMEDLEY.

Pigmentary Loss

Q.—I have a woman patient at the menopause stage who, for about ten years, has been losing pigment in her skin over most of her body.

I shall appreciate any information you can offer.—S.A.F., Michigan.

A.—It seems to me that the case presented in your letter is essentially in the field of general medicine. Certainly the condition described, and concurrent with the menopause, is not a dental problem. A good internist or gynecologist should be consulted.—GEORGE R. WARNER.

Metallic Taste

Q.—A woman, aged 48, is bothered by a constant metallic taste in her mouth. She has been in poor health for a year, and for the last four months has been taking estrogen with no relief. The metallic taste was present before her de-

A delectable aid to dental health



NEW film "Gateway to Health" in 16mm. color and sound. Case histories from practice of Fred D. Miller, D.D.S., Altoona, Pa., demonstrate influence of dietary habits on dental health. Especially suitable for professionally sponsored public education programs. Write to address below.

The good you accomplish at your chair is frequently undone by today's soft, refined diet. A fresh juicy apple after meals is a tasty aid to conservation of dental health. The apple is a succulent cleanser, of natural efficacy, convenient and enjoyable. Its firm chewable texture gives needed massage to flabby gums. Its delicate aroma and lively flavor stimulate the salivary glands to copious secretion. These benefits are obtainable in greater measure from the enjoyment of apples than in any other way. A recommendation of apples after meals is one whose merit your patients will promptly substantiate by conscious experience.

NATIONAL APPLE INSTITUTE, 726 JACKSON PLACE, N. W., WASHINGTON 6, D. C. in behalf of

THE APPLE GROWERS OF AMERICA

cine in health. I am puzzled by her report that this taste is so intensified by eating candy that she cannot bear it and washes out her mouth with milk of magnesia, which gives instant relief. She has several amalgam restorations but none in contact. Her mouth hygiene is excellent; she does not smoke, and has all teeth except the four third molars. I should appreciate any suggestions you can give me.—W.D.M., Montana.

A.—There is not much in the literature about metallic tastes in the mouth. Miller² mentions the effect of dissimilar metals in the mouth

as a cause, but other textbooks give nothing on it.

In our experience metallic taste has resulted from gall bladder disease. In some cases the taste has disappeared spontaneously and in one case after the removal of the gall bladder. In any event the condition is not serious and may disappear any time.—GEORGE R. WARNER.

²Miller, S. C.: Oral Diagnosis and Treatment, Philadelphia, The Blakiston Company, 1950.

AVOIDING FRUSTRATIONS IN DENTAL PRACTICE

(Continued from page 311)

wives have absorbed this competitive philosophy so that a fur coat or new car have become symbols of professional status. Frequently these complainers fail to recognize that most wives demand these material luxuries as substitutes for unobtainable love and affection. After all every person is going to salvage what he can out of a bad situation. If the dentist protests that despite his emotional support, his wife still drives him, then either one or both parties may be maladjusted and require remedial measures. The dentist or any other person who passively accepts a submissive self-negating role basically lacks self-respect and must learn to respect himself before he can expect others to recognize his needs.

Suppose you do plan to readjust your professional habits. Old patients demand immediate attention for non-emergency dental needs

when your schedule is already overloaded. We have become so conditioned by success and Dale Carnegie-type courses that we do anything to gain popularity and acceptance by others. We may accommodate the demanding patient rather than face his hostility. We have not learned that self-realization and growth of the personality must occasionally and indeed inevitably alienate a few persons who do not recognize others' rights. If the dentist has responded to the psychologic needs of his patients, then they will probably also recognize his needs. If they do not, then little is lost.

Every practitioner should re-evaluate his professional and adjustment status before it is too late to make any required changes. Too often, the reactive depressions of middle age are the cumulative effect of lifelong avoidable frustrations.

SENSITEX

For Sensitive Tooth Surfaces

Sensitex is applied to tooth surfaces which are sensitive because of chemical or mechanical abrasion, gingival areas and to roots after surgical pyorrhea; after grinding teeth for crowns or occlusion; before setting regulating bands, to retard decay.

It is a composition of a number of metal chlorides which "seals the surface" and does a better job than any other similar material. It will not stain nor injure tooth substance.



\$2.50
per bottle

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Dental Preparations
King's Preparations have served
the dental profession faithfully for
over 50 years. Order from your
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ZINC OXIDE and EUGENOL COMPOUNDS

The composition and physical properties of this anodyne filling material make it ideal when the use of phosphoric acid cement is questionable. Being impervious to moisture it is ideal for temporary use and sets hard enough for a base under permanent fillings.

For stability, convenience and economy the powder is tabulated and when mixed with the liquid it sets unusually hard for an oil-mixed material. It is non-irritating, and has good crushing strength.

The tablets are a combination of zinc oxide and calcined magnesium. Liquid is a compound of eugenol, phenol and plastic resin.

Prices

Zinc Oxide with	
Eugenol Compound	\$2.00 package
Zinc Oxide Compound	\$1.00 bottle
Eugenol Compound	\$1.00 bottle





LAFFODONTIA

Suffering in silence is no fun unless you first moan loud enough to attract some sympathetic observers.

A Toronto women's club recently held a "Crazy Hat" contest. The winner didn't even know she was competing!

There is the man who thinks, and the man who thinks he thinks. The latter is the lad who really enjoys life.

A columnist tells us that radio comedians are not funny in private life. Aren't the last three words superfluous?

"Got something in your eye?"

"No, I'm just trying to look through my thumb."

Month after month a firm sent its bill to a customer and finally received this reply:

"Dear Sir: Once a month I put all my bills on the table, pick five at ran-

dom and pay those five. If I receive any more reminders from you, you won't get a place in the shuffle next month."

Said the gangster's lawyer: "Do you realize that you are facing the electric chair?"

"I'm not afraid of facing it," returned the thug. "It's sitting down in it that gets me."

Wife to luscious-looking librarian: "It's funny you don't have that book, my husband said you had everything."

"My girl friend drinks nothing stronger than pop. But then pop drinks darn near anything."

"Are you the young man who jumped in the river and saved my son from drowning when he fell through the ice?"

"Yes ma'am."

"Where's his mittens?"

"It's not the work I enjoy," said the cab driver, "it's the people I run into."

A lass, while seeking for a job, was asked, "Why did you quit your last job?"

She replied, "The boss was so bow-legged I fell through his lap."

Professor: "Are you teaching this class?"

Student: "No, sir."

Professor: "Well, then sit down and stop acting like an idiot."

EXODONTIA MADE EASIER with this IMPROVED Automatic SURGICAL Mallet

Complete with 6 Points \$35.00



Write for illustrated booklet.

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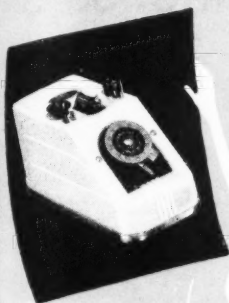
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for 2 to 3 Weeks Delivery!
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For the first time in a long while... the tremendously popular Crescent Wig-l-bug, "*wonder electric mortar and pestle*," CAN BE DELIVERED WITHIN TWO TO THREE WEEKS to all who order now. We are making every effort, with expanded facilities, material and personnel to ship promptly. The Wig-l-bug is available in the familiar BLACK BAKELITE housing, or the new, beautiful WHITE BAKELITE housing. White Wig-l-bug only \$60.50; Black Wig-l-bug, \$55.50. Orders will be filled as received. Fill in and mail the coupon today. Don't delay; we may not be able to hold this prompt delivery offer for very long.

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and ship promptly ☐ White Wig-l-bug ☐ Black Wig-l-bug

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JAMES RAYEN, Advertising Manager, Minute Maid Corporation, says: "I bought my Office-riter because of its compact size . . . but it's the extra dividend of speed and real big machine performance that makes me so enthusiastic about it now!"



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You'll be equally enthused when you see the Office-riter's 11-inch paper capacity, its clean printwork . . . its Miracle Tab for easy invoicing. It can handle *all* your office typing and save you money, too! Call your dealer or Remington Rand Business Equipment Center for a complete demonstration today . . . ask about terms.

"I've learned from experience, son, that **Indicator Gel** is the one sure guide to accurate denture fitting!"

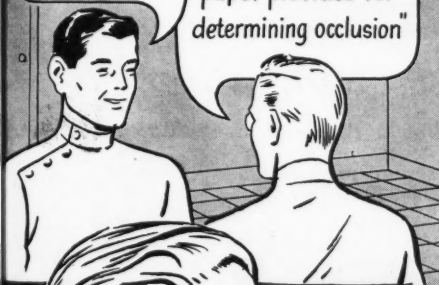


"In other words, I can use **Indicator Gel** with complete confidence"

"Definitely! **Indicator Gel** assures you the confidence in denture fitting that articulating paper provides for determining occlusion"

"I've noticed, Dad, that you rarely have a makeover"

"That's because **Indicator Gel**, correctly used, eliminates 95% of denture makeovers"

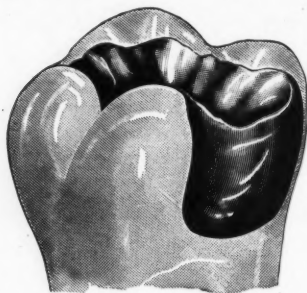


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A dentist tells us:

"A-1 gives me the ability to create
fine margins. It's soft enough to wear with
the opposing teeth, but hard enough not to flow
with the stress of mastication."



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Contra-angles
rebuilt \$ 4.85

Straight handpieces
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Special types: Den-
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Our rebuilding service differs from most. Each handpiece housing or shell is fitted not with just stock-size shafts, but shafts that are individually ground to compensate for the particular wear in that housing. Then gears and bearings are fitted, all new, bringing the handpiece back into perfect alignment like it was when new. Only skilled men of many years experience work on your handpieces, men whose master craftsmanship will earn your respect . . . and bring your orders back year after year. Your handpieces will be exceptionally true running and accurate after Mullen Service.

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NO NEED FOR NEW BURS

Your dull burs will do the same work when ground by **MULLEN Bros.**

The major cost of new burs is for steel and machining the blanks to type and size. You have paid for this when you bought them. There is no need to have this full expense each time you need sharp burs. Just have the blades reground and you have a new bur all over again! We sort and select only the ones worth grinding, then expert craftsmen of long experience grind them to the next size smaller. The work is done under water . . . no temper lost. Result: A BUR THAT REALLY CUTS AND CUTS. The cost is so little, \$4.80 per gross. Introductory offer 4 dozen, \$1. Send us a box of dull burs and you'll be convinced. It really pays dividends!

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Here, doctor, is one of the most revolutionary advances ever made in dental hypodermic needles — the new Huber Dental Point.

Now, injections can be made more smoothly, with greater certainty and with less discomfort for your patients, thanks to this unique new needle point. And no change whatsoever is required in technique. Look at these outstanding new features of the Huber Dental Point:

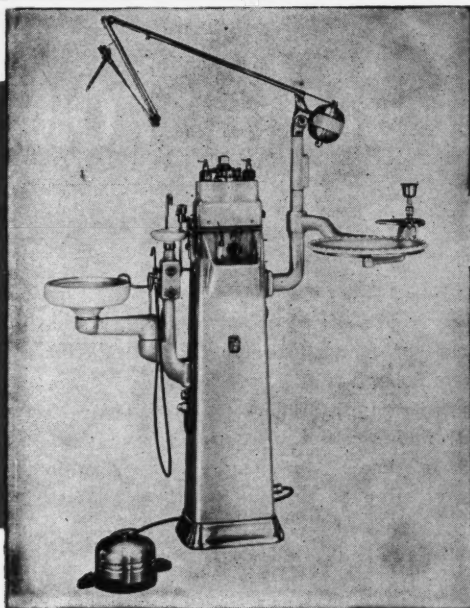
- 1 — Huber Point is centered on axis of needle — right where you want it to assure straight insertion.
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IMPROVED FEATURES

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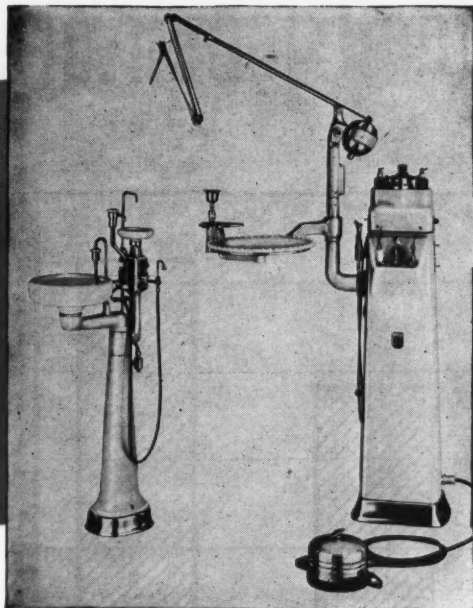
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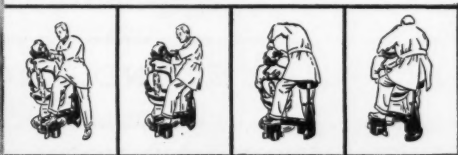
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"SIT DOWN DENTISTRY" with the NEW Weber "L" Unit

To the Weber split unit, placed to the right of the chair for more convenient operation and ease of accessibility, add the Weber Rota Seat and for the first time, Doctor, you will enjoy "Sit Down Dentistry."

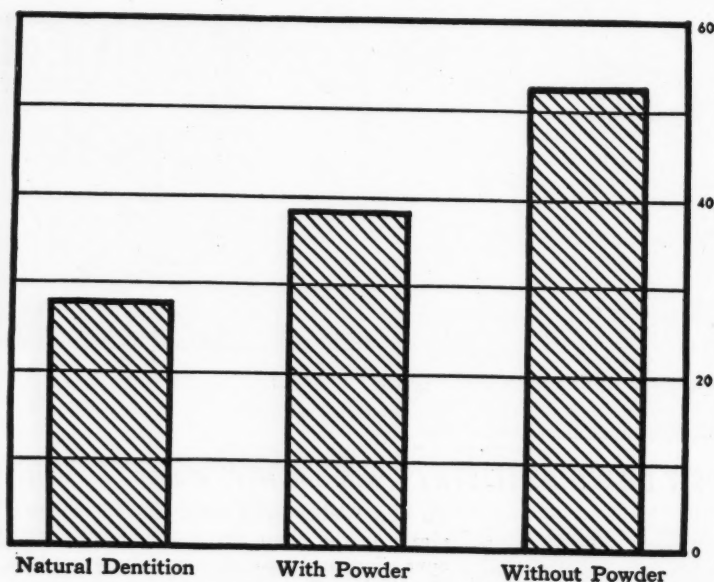
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COMPARATIVE CHEWING Dentures VS



Number of chews required to reduce
test sample to "swallowing threshold."

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FAST
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A recent clinical test run by a large dental college on denture patients measured the number of chews required to reduce equal portions of representative foods until ready for swallowing.

It was found that 50.3 chews were required for denture wearers as against an estimated 27 for natural dentition.

When dentures of the same patients were stabilized with denture powder, the number of chews was reduced to 39.5, an improvement of 20%.

The denture powder used in these tests was **FASTEETH**.



**There Is An Important Difference
Its Formula Contains Sodium N-Lauroyl**

The First Toothpaste

of 12-24 Hour Effectiveness

**Available clinical evidence indicates that this
new formula will provide your patients with the
finest protection against caries ever offered by
a toothpaste!**

A REMARKABLE advancement in the field of Oral Hygiene was anticipated by the publication in the JOURNAL OF DENTAL RESEARCH for August, 1953, of a paper describing the long-lasting effectiveness of certain ingredients in controlling acid formation at the tooth surface.

Colgate has refrained from any publicity on this discovery *until clinical evidence was available* establishing the effectiveness of these ingredients in caries control.

Clinical Evidence Available

But now, the results of clinical tests begun over a year ago by a research team from leading dental colleges have been made available. They show that New Colgate Dental Cream with Gardol (Sodium N-Lauroyl Sarcosinate) showed the greatest reduction of tooth decay in toothpaste history.

X-ray examinations showed that approximately 80% of the people in the group using Colgate Dental Cream with Sodium N-Lauroyl Sarcosinate developed no new cavities during the year, and fewer than 6% developed more than 1 cavity.

On the other hand, about 45% of those using ordinary toothpastes developed from 1 to 6 cavities during the year.

**In New Colgate Dental Cream!
Sarcosinate as an Active Ingredient!**

With Clinical Proof in Caries Control

This research project is continuing and will ultimately provide data on caries-control effectiveness at the two-year level.

Synthesized in Our Laboratories

We of Colgate are proud of the part our company has played in this discovery. For it was in the Colgate laboratories that the caries-inhibiting property of Sodium N-Lauroyl Sarcosinate was discovered, the compound synthesized and the new cream containing it formulated and produced. And, in addition, we must pay tribute to the staff of a leading dental college for their continuing activity in a program on caries research we have helped support for many years.

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We have sent you sample tubes of New Colgate Dental Cream containing Sodium N-Lauroyl Sarcosinate. We would be most interested in your reactions to this outstanding product.



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They say that KENT smokers'

teeth have far less tobacco stains... they actually stay whiter between prophylaxes. There's a good reason why this is true...

Recent tests made by two inde-

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KENT with the Micronite Filter removes not only more nicotine but

also more *teeth-staining tars* than any other filter cigarette.

In fact, KENT offers the greatest protection against these irritants in cigarette history.

with Micronite Filter

For full smoking pleasure... plus the greatest health protection in cigarette history.

J E C T R O N

assures
lasting retention

Why do some dentures require adhesives or re-basing to maintain retention after just a few weeks or months in mouth service? Is tissue-change responsible... or is denture-change the answer?

Clinical reports show that if a denture does not change in form, its initial retention will be maintained almost indefinitely.

These reports indicate that tissue-change of itself does not seriously affect good retention in non-immediate denture patients, so long as the denture fits properly.

The Jectron denture fits with impression-like accuracy at the first insertion, and is positively form-stable in mouth service...

Jectron protects the tissues and underlying bone from abuse, and maintains excellent retention literally for years and years!

The Jectron denture will release you from many time-consuming hours of tedious after-trimming, occlusal adjustment and re-basing. It will help you immensely to build your denture practice through an ever-increasing number of thoroughly satisfied and comfortable patients.

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GENTLEMEN: Please send...

☐ new, free booklet on how Jectron will help improve my dentures ☐ name of nearest Jectron laboratory

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Jectron is polystyrene resin, specially compounded for dentistry. Before processing, Jectron is pre-cured to eliminate curing shrinkage in the mouth. To further ensure stability, Jectron is molded in the exclusive Trans-injection process, which precludes stresses and strains, and develops extreme density and strength.

Send for new, free booklet on how Jectron will help you to improve your dentures.



ONLY JECTRON GIVES YOU THESE ADVANTAGES

Permanent dimensional stability

- No curing shrinkage
- No warpage
- No stresses or strains
- No water-swelling
- No open bites

Extreme Density

Unrivaled Lightness

- Specific gravity 1.06
- Next best: 1.19

Highest transverse strength*

- Jectron: More than 13,750 p.s.i.
- Next best: Less than 13,000 p.s.i.

Longest flexure-fatigue life*

(tests made under load of 2,500 p.s.i.)

- Jectron: More than 4,000,000 flexures without breaking
- Next best: Less than 1,500,000 flexures

* Laminated construction makes Jectron strongest

The Trans-injection molding method flows Jectron into the flask in a series of thin layers. As in familiar plywood, this laminated construction vastly increases the tensile strength of the material. It is not subject to breakage or permanent distortion in normal use.

Pentids your drug of choice for the
more common
dental
infections

<i>Efficacy of Antibacterial Agents against Various Organisms in Oral Cavity</i>					
Organism	Sulfonamides	PENICILLIN	Streptomycin or Dihydro- streptomycin	Aureomycin or Tetracycline	Chloramphenicol
Hemolytic streptococci Group A Group D Other Groups	B	A A — combine — A A		B B B	B C B
Streptococcus viridans		A		B	B
Staphylococcus	B	A	B	A	B
Pneumococcus	B	A		B	B
C. diphtheriae		A (plus serum)		B	
Vincent's organisms Borrelia vincenti Fusiformis dentium		A A		B B	B B
A Drug of Choice B Effective C Moderately effective, some activity					

just 1 or 2 Pentids Tablets three times daily for:

acute oral Vincent's disease with other appropriate dental procedures, and as adjunctive treatment of pericoronitis, alveolitis, dento-alveolar abscess, cellulitis, and osteomyelitis. Also for prophylaxis before and after tooth extraction and other dental surgery.

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Pentids and Pentids-Soluble in bottles of 12 and 100.

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Pentids

Squibb 200,000 Unit
Penicillin G Potassium Tablets

Easy to Use
Most Accurate
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USE EQUAL
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GETZ *new*

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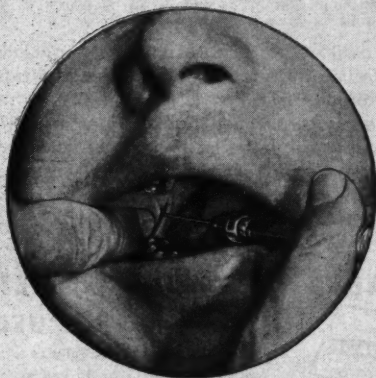
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(1) Kozis "The Anesthetic of Choice for Complete Mouth Rehabilitation", D. I. of Int., 7/52.

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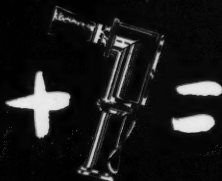
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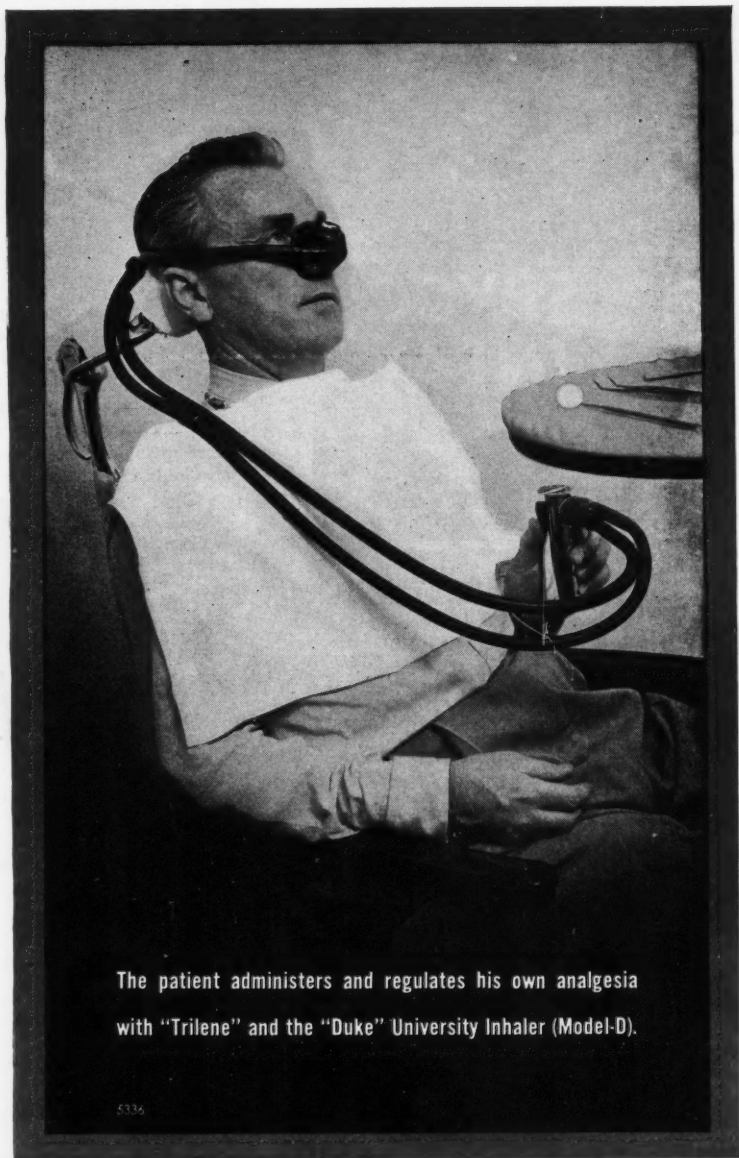
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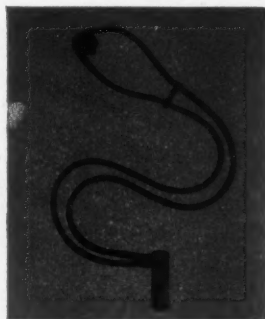
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*Sherber, D., Am. J. Surg., Sept. 1953

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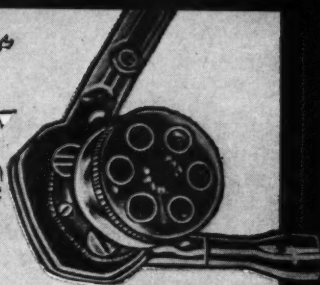
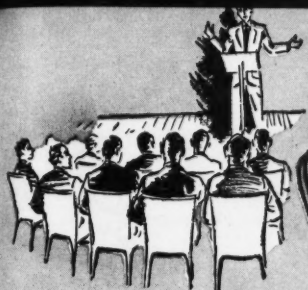
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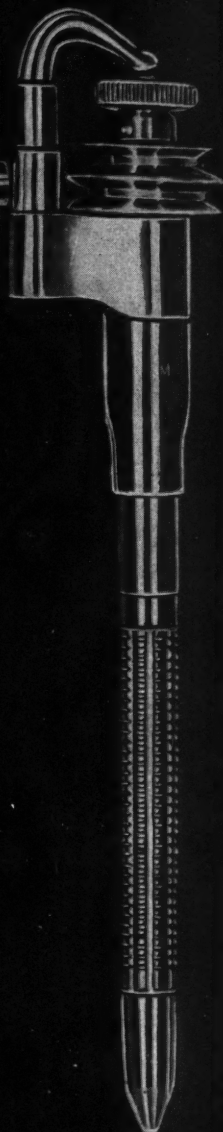
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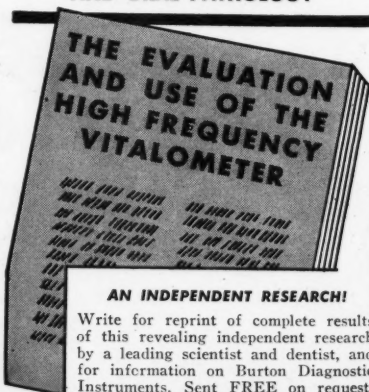
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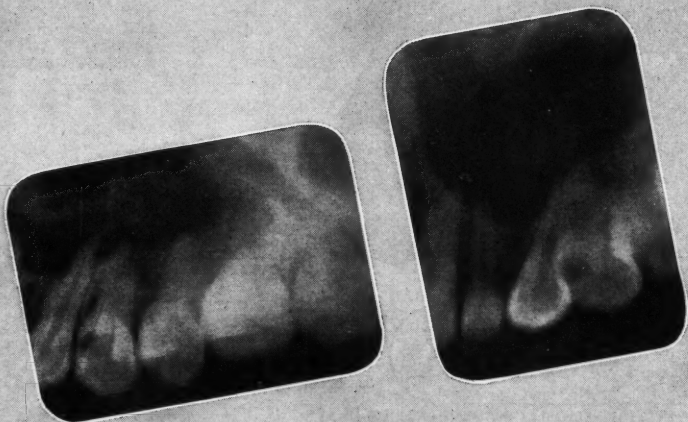
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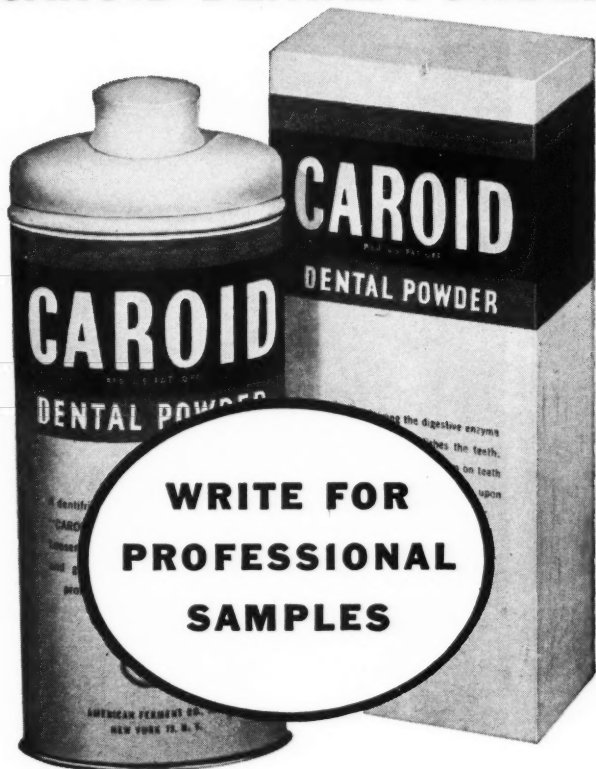
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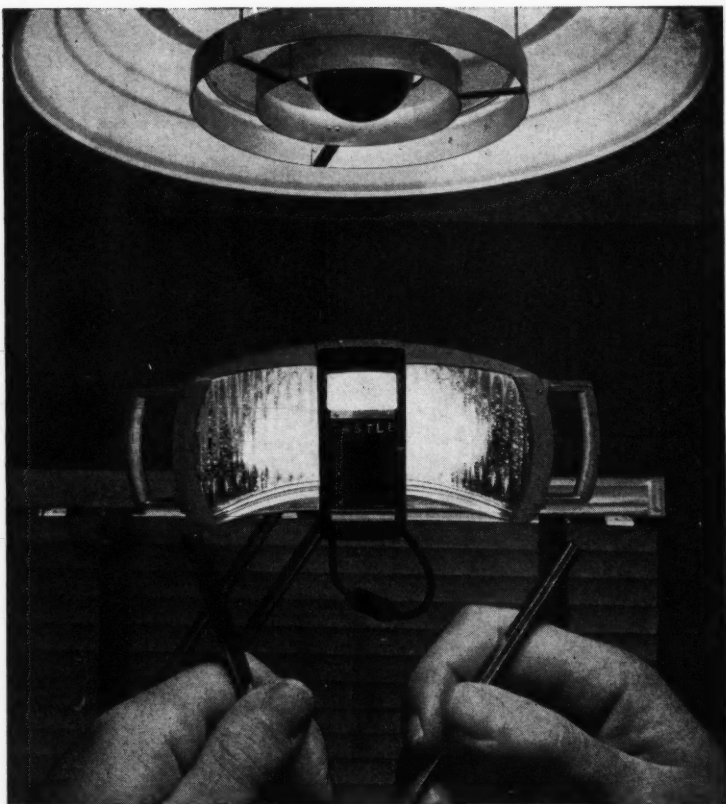


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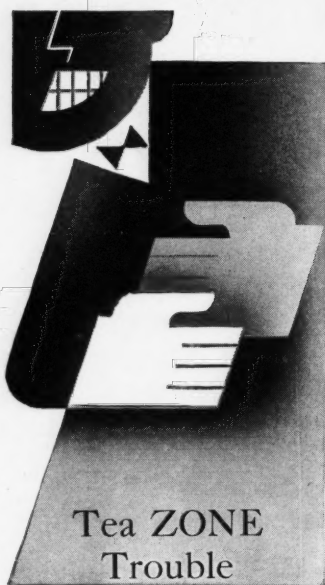
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TRY THIS TEST: Prepare a cavity in a natural extracted tooth *without undercuts*. Place wet P.F. in dry preparation. Allow P.F. to set for 10 minutes (only 5 minutes in the mouth). Then pound it, beat it, dry it, wet it, freeze it. Do anything you can to dislodge the filling or its adhesion to the tooth. You will be amazed. Also, P.F. outwears amalgam in abrasion tests.

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PROFESSIONAL TOWELS

"WET-STRENGTH"

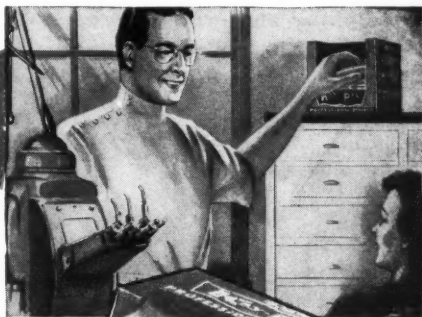
The special coupon which we have mailed every dentist in the United States is your money-saving opportunity to see for yourself why KAY-PEES are being accepted, throughout the nation, as the finest dental towels on the market. It will enable you to try, at a special discount, KAY-PEES' 4-ply "wet-strength" facial quality professional towels... their self-dispensing package... their unmatched features of being perfectly sanitary, highly absorbent, free from lint, and completely disposable—yet costing so little... slightly more than a penny a piece.

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Child's Size



The right size — flat-trimmed, one inch head. The right texture — soft-yet-firm, multiple bristle. And the right quality — made by Prophy-lac-tic!

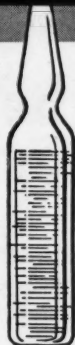
The PRO "59" Child's Size provides safe, deeper cleaning! The finer bristles reach even tiny cracks. They afford more efficient polishing action, too.

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1 AMPULE
+
WATER
MAKES
1 QUART
OF
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*Cetyl*cid's active ingredients assure a high degree of germicidal activity! *Cetyl*cid is supplied in convenient ampule form, eliminating bulky and wasteful containers. In addition, it is odorless, colorless, non-toxic, stable and disinfects efficiently. *Cetyl*cid contains no phenol, mercury or formaldehyde. It will not dull sharp-edged or cutting instruments, including *carbide burs*.

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⁽¹⁾ Lewison, E. F. Archives of Surgery, May 1950. Vol. 60, pp. 865-878.

*Metal instruments immersed in
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GERMICIDAL CONCENTRATE FOR INSTRUMENT DISINFECTION

ACTIVE INGREDIENTS: Cetyl Dimethyl Ethyl Ammonium Bromide.....	6.5%
Benzalkonium Chloride U.S.P.....	6.5%
(Alkyl (C ₈ H ₁₇ to C ₁₈ H ₃₇) Dimethyl Benzyl Ammonium Chloride)	
Isopropyl Alcohol	13%
INERT INGREDIENTS including 11% Sodium Nitrite as Rust Inhibitor.....	74%

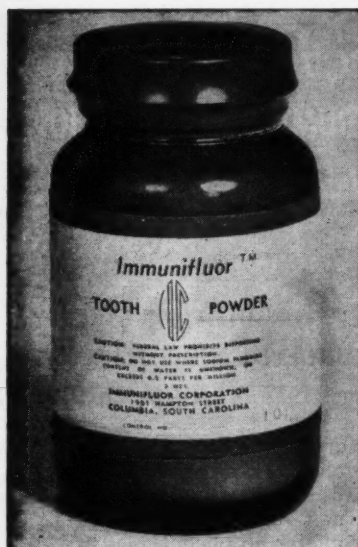
DIRECTIONS

Add contents of one ampule to one quart or one litre of tap water. In known hard water areas, use distilled water. Clean instruments thoroughly—rinse free of all soap before immersion and allow them to remain in **CETYLcide** solution 15 minutes. Germicides containing a Quaternary Ammonium derivative should not be relied on to destroy spore bearing organisms or *Mycobacterium tuberculosis*. Thus, instruments suspected of such contamination should be disinfected by heat. Needles, corroded instruments or those with deep narrow crevices, as well as hinged or defective plated instruments should be disinfected by heat, since the inner surfaces and crevices may be inaccessible to the solution—to maintain disinfection they may then be immersed in **CETYLcide** solution. Change solution periodically.

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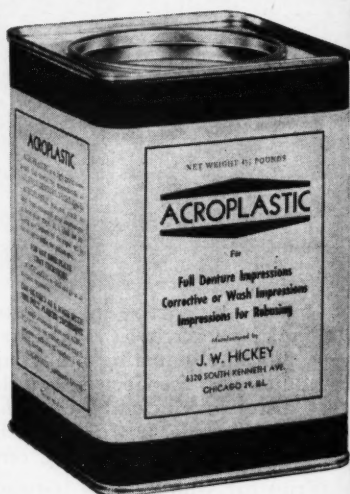
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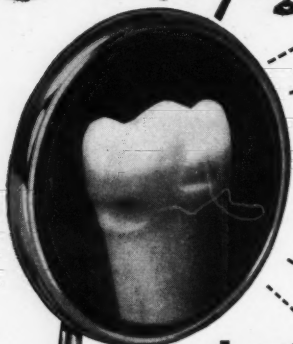
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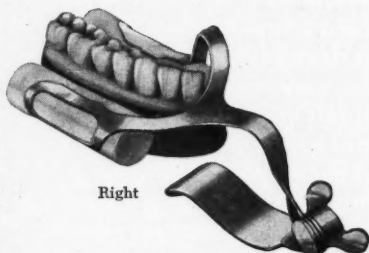
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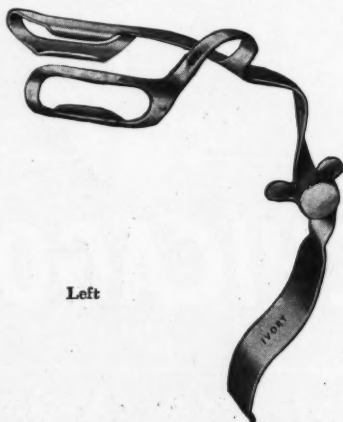
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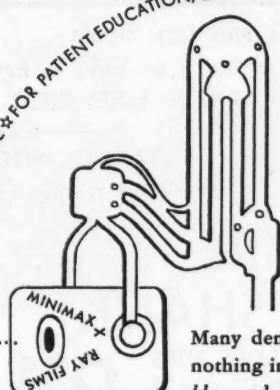
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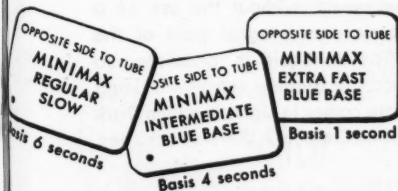
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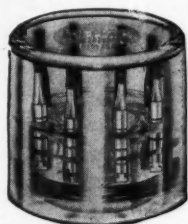
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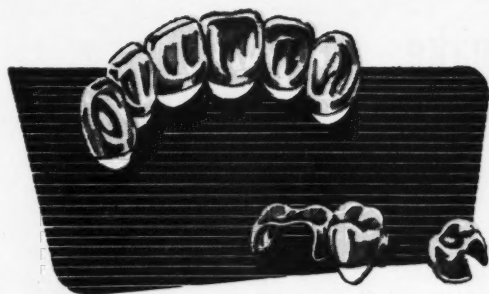
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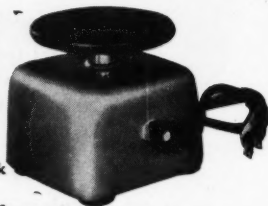
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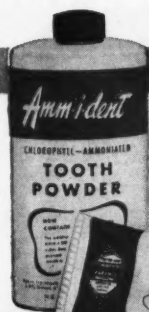
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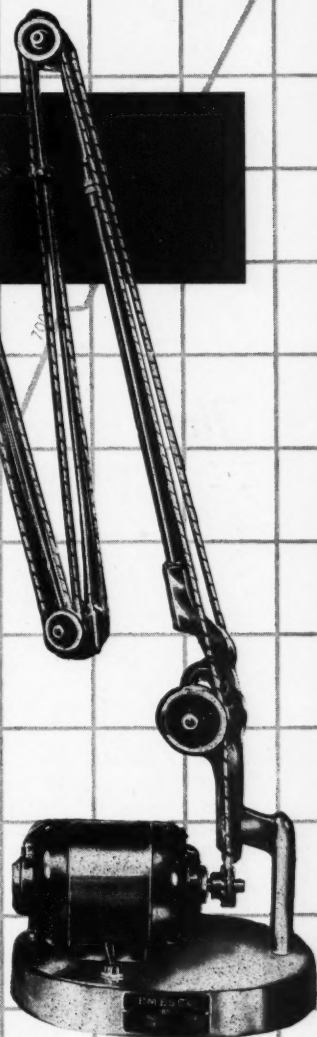
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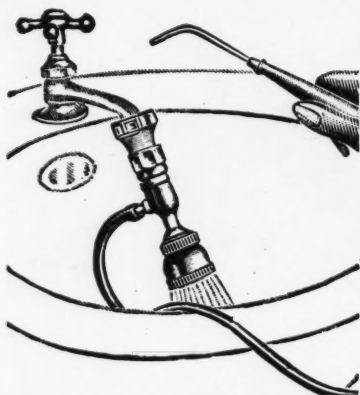
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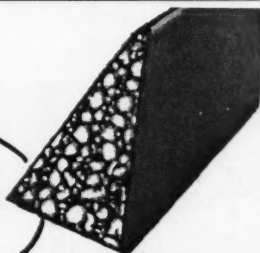
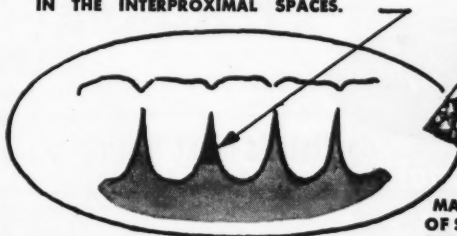
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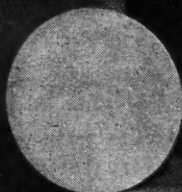
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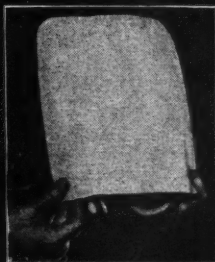
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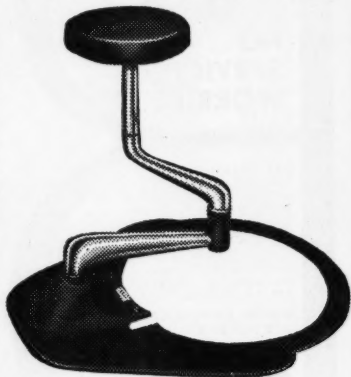
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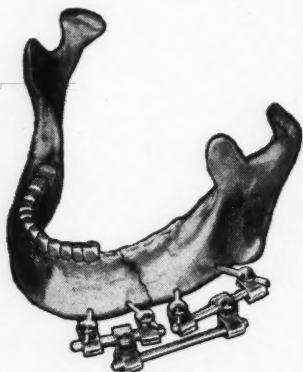
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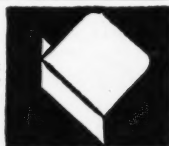
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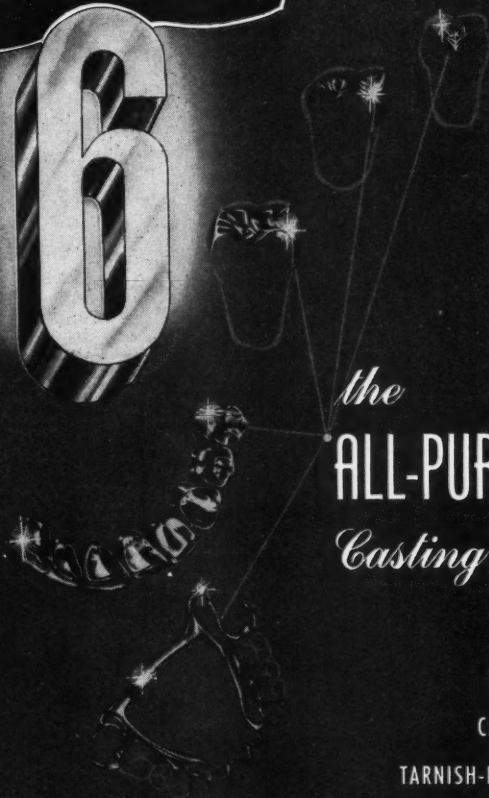
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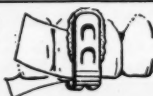
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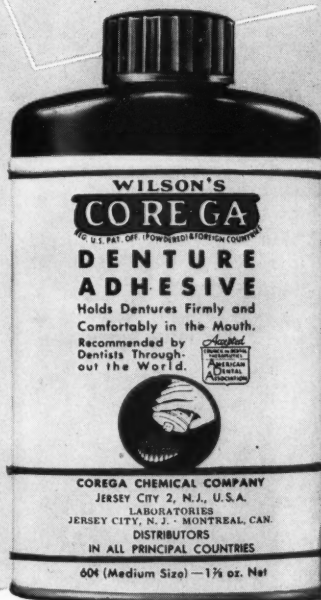
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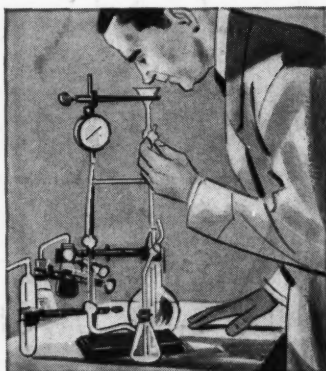
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